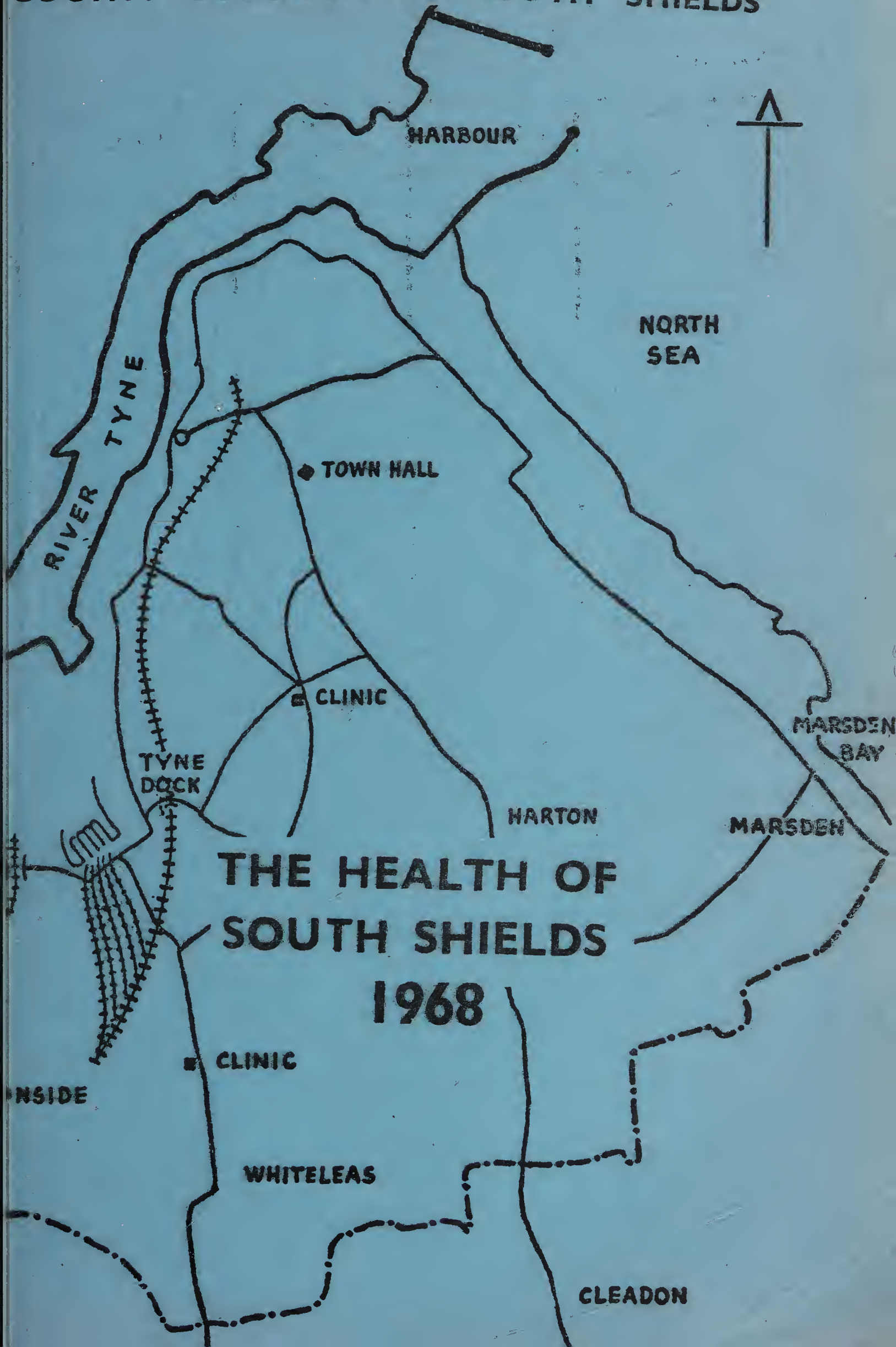


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COUNTY BOROUGH OF SOUTH SHIELDS



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**COUNTY BOROUGH OF SOUTH SHIELDS**



# **ANNUAL REPORT**

**of the**

**MEDICAL OFFICER OF HEALTH**

**for the year 1968.**

**I. D. LEITCH, M.B., Ch.B., D.P.H.**



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# HEALTH AND SOCIAL SERVICES COMMITTEE

As at December, 1968

THE MAYOR:

ALDERMAN A. M. SOUTHWICK

*Chairman:*

COUNCILLOR M. DIAMOND

Alderman J. E. Wright	Councillor M. A. Martindale
Councillor T. T. Collins	Councillor Mrs. E. Roberts
Councillor Mrs. J. L. Fry	Councillor T. J. Robinson
Councillor R. Hunter	Councillor Mrs. L. Zwart
Councillor M. S. Lisle	Councillor Mrs. F. Stewart
Councillor S. Lloyd	Councillor J. Wakeford

1 Vacancy

# STAFF OF HEALTH AND WELFARE DEPARTMENT

**As at December, 1968**

## *Medical and Dental Staff:*

The Medical Officer of Health, Principal School Medical  
Officer and Director of Welfare Services

I. D. LEITCH, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School  
Medical Officer and Deputy Director of Welfare Services

ENID M. YOUNG, M.B., B.S., D.P.H.

Senior School Medical Officer

H. LEVY, M.B., B.S. (*Retired 10.7.68*)

Assistant Medical Officers of Health  
(and School Medical Officers)

JEAN WALMSLEY, M.B., Ch.B., D.P.H.

JANAKI NARAYANAN, M.B., B.S., D.P.H.

MIRA BHATIA, M.B., B.S. (*Commenced 29.4.68*)

Chief Dental Officer and Principal School Dental Officer

T. W. CLARKSON, B.D.S.

Dental Officers  
(and School Dental Officers)

B. SCRAFTON, B.D.S. (*Resigned 13.6.68*)

MRS. P. SMART, B.D.S.

J. P. BLUNT, L.D.S.

(*sessional*)



Dental Anaesthetist

E. O'NEIL, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.  
(sessional)

Consultant Psychiatrist:

(Child Guidance - in conjunction with Sunderland County Borough)

R. N. STANSFIELD, M.R.C.S., L.R.C.P.

Consultant Chest Physician\*:

P. M. ROOZE, M.R.C.P., M.R.C.S.

Consultant Adviser in Venereal Diseases\*:

COL. B. LEVY, M.D.

Consultant Adviser in Paediatrics\*:

MARGARET TAYLOR, D.C.H., M.R.C.P.

Consultant Adviser in Mental Subnormality\*:

J. A. FRASER, M.B., Ch.B., D.P.H., D.C.H., Dip. Psych.

Consultant Adviser in Mental Illness\*:

N. J. KELLY, M.B., D.C.H., D.A.O., D.P.M.

*Nursing and Allied Staff:*

Superintendent Health Visitor and School Nurse:

MISS E. MYCOCK, S.R.N., S.C.M., S.R.F.N., H.V. (Cert)

Senior Health Visitor:

MRS. M. STEWART, S.R.N., S.C.M., H.V. (Cert)

14 Health Visitors  
7 School Nurses  
1 Auxiliary Nurse  
4 Clinic Assistants

Non-Medical Supervisor of Midwives:  
MISS J. BARKER, S.R.N., S.C.M., M.T.D.

18 Domiciliary Midwives

Matron Day Nurseries:  
MRS. C. ROBSON, N.N.E.B., Cert.

1 Deputy Matron  
1 Warden  
11 Nursery Nurses  
12 Student Nursery Nurses

Matron, South Shields and District Nursing Association:  
MISS J. McDONALD, S.R.N., S.C.M., H.V. (Cert)

15 District Nurses and 2 Male Nurses

Supervisor of Accommodation:

MISS D. BARKER  
(*resigned 31.12.68*)

Home Help Supervisor:

MRS. A. C. THOMPSON, R.M.N. (*Resigned 12.8.68*)  
MRS. A. BARNES (*commenced 1.10.68*)

\* In conjunction with Newcastle Regional Hospital Board.

*Other Staff:*

Speech Therapist:

MISS G. N. MARTIN  
(Resigned 13.10.68)

*Welfare Services:*

Chief Social Work Officer:

E. F. HEDLEY, A.I.S.W. (Retired 25.2.68)

J. E. WILSON (commenced 1.3.68)

Senior Social Workers:

H. TAYLOR, A.I.S.W., S.R.N., Q.I.D.N.C. (resigned 30.4.68)

W. SCOTT, A.I.S.W.

J. R. HALL (commenced 8.7.68)

5 Social Work Officers

6 Welfare Assistants

2 Home Teachers

Assistant Welfare Officers (Handicraft Instructors)

Stewards and Stewardesses of Residential Homes

Ancillary Staff

General Administration and Clerical Staff

Senior Officer for Administration

J. A. BREWIS, D.M.A.

2 Administrative Assistants

31 Clerks (including School Health Service)

3 Typists

(x)

Physiotherapist:

MISS R. HENDERSON  
(*sessional*)

Educational Psychologist:

(in conjunction with Education Committee

I. R. McKENZIE, B.Sc. (Psych.)

Supervisor of Junior Training Centre and Special Care Unit:

MRS. I. HOULT

(Dip of Teachers of Mentally Handicapped)

Assistant Supervisors

Trainee

1 Nurse, S.R.N. Special Care Unit

Superintendent of Adult Work Centres:

K. W. SHEPHERD

3 Handicraft Instructors

Supervisor of Adult Mental Health Training Centre:

E. POLLARD

Assistant Supervisors

Trainee

Ambulance Service:

Ambulance Superintendent

H. BAILEY, G.I.A.O.

32 Driver Attendants

Public Health Inspectorate:

Chief Public Health Inspector

R. V. ROBINSON, D.M.A., M.R.S.H., F.A.P.H.I.



Deputy Chief Public Health Inspector:

J. SMITH, M.A.P.H.I.

4 Senior Public Health Inspectors

5 Inspectors

2 Technical Assistants

3 Pupil Inspectors

2 Rodent Operators

1 Infectious Disease Operator

Borough Analyst:

W. GORDON-CAREY, F.R.I.C. (Part-time)

## INTRODUCTION

*HEALTH - and to most of us health means money and to all usefulness and comfort- demands these sacrifices; they are the penalties for living in a town where money may be made or society enjoyed and they cannot be disregarded with impunity .....*

Dr. John Spear, Report on the Health  
of South Shields, 1876.

*Mr. Chairman, Ladies and Gentlemen,*

I have the honour to submit my Annual Report on the Health of the Borough and an account of the activities of the Health and Welfare Department for 1968.

Compared with the previous year, most of the statistics shown on page 2 show little change. There was a slight fall in the (notified) live birth rate for South Shields from 15.78 in 1967 to 15.5 in 1968 and 9.15% of the year's births were illegitimate as compared with 9.23% in the previous year. Although there was a fall in the first week infant deaths from 13.57 to 9.6, this was not sufficient to counteract the increase in stillbirths (13.34 in 1967, 19.0 in 1968). Hence, the overall perinatal mortality rate showed a disappointing increase from 26.7 to 28.3. The national stillbirth and peri-natal mortality rates in 1968 were 14.3 and 24.7 respectively. The general infant mortality rate (i.e. for the first twelve months of life) showed a slight increase from 18.2 to 19.0, as compared with the national rate of 18.3.

Over the past ten years, it can be seen that most of the local rates referred to are tending to equate with and occasionally even improve on the national rates, although in 1968 the main exceptions for South Shields lay in the smaller birth rate and the moderate excess of stillbirths and peri-natal mortality.

With the exception of measles, infectious disease incidence was generally minimal but in the first half of the year, measles prevalence continued at an epidemic level from the previous year. Because of this, the introduction of the scheme for vaccination against measles was delayed. Nevertheless, almost 700 children were vaccinated before the end of the year and one would hope that, provided sufficient children continue to be vaccinated, the characteristic biennial pattern of measles epidemics in the future would be much modified. Acceptance of measles vaccination by parents has been limited, possibly because of its newness and there were, unfortunately, some children whose clinical reaction to the vaccine was more marked than the expected response. Experience has shown that such difficulties are not unexpected in a new vaccination scheme and it is anticipated that acceptance rates will increase as time goes on.

Acceptance rates for protection against other diseases were maintained at a reasonable level. Approximately 74% of children from 1 - 4 years completed courses of primary vaccination against



diphtheria and 83% of children under 5 and 90% of children of school age received a primary course of polio vaccination. Immunisation against tetanus is now well established in the routine schedules of vaccinations in early childhood, so that the reinforcing inoculations in school children are showing an average pattern of acceptance which is quite satisfactory. However, it is necessary to emphasise to parents the importance of these public immunisation schemes; should acceptance rates significantly decline, there will follow a definite risk of the return of diseases which were formerly such a threat. Indeed, under present circumstances, 100% acceptance of these immunisation schemes should become the rule rather than the exception. Admittedly, the schedule of childhood inoculations is now quite elaborate but one hopes that the mother of every new baby on being given the details of the programme at the child health clinic or at the family doctor's surgery will realise the immense value of this free service.

It is pleasing to record the completion during the year of the John Wright Centre, a major achievement in the social services in South Shields. The John Wright Centre, full details of which are given on page 95, is a building providing day facilities of a high standard for all categories of handicapped adults. Characteristically, the pattern of activities within the centre is an elaborate one and by the end of the year the accommodation was being extensively used during the day and evening hours. Perhaps one of the more interesting features in the organisation of the centre has been the attempt to obtain the participation of the disabled themselves in the administration. This has been achieved by forming a John Wright Association of Attenders, with an Executive Committee of office bearers and representatives (all handicapped persons) of each of the categories who use the centre. This Committee meets regularly with appropriate officials of the department, so that difficulties can be resolved and co-ordination of the many activities attained. It is encouraging to notice the confident demeanour of the 200-odd persons who come to the centre each week and to see the growth of friendship spreading between the different categories of handicapped people who were previously not in regular contact.

At the time of writing, we appear to be on the threshold of major decisions which will have a profound effect on the future working of the health and welfare services. Major policy decisions by the Government are anticipated on the recommendations of the Seebohm Committee whilst pronouncements are expected on changes of the structure of the National Health Service and on the recommendations of the Royal Commission on Local Government. Arising from this complex of new ideas and proposals, the implications for the future role of the Medical Officer of Health seem to be quite profound. The departments which Medical Officers of Health control, have evolved over many decades in response to changing needs of the community and it is expected that these may undergo quite drastic alterations in certain ways. There is, however, no doubt that the function and the need for the Medical Officer of Health, irrespective of his title or the setting in which he practices his skills, will continue.



Another preoccupation is the concern that bridges (see co-ordination, etc., of services, page 68) often laboriously constructed to link up different services for the benefit of the patient, could be weakened in large scale reconstructions.

Quite apart from the possibility of major "external" reorganisation, "internal" reorganisation of the department proceeds apace and following the significant changes in the social work services, as described in my 1967 Report, the general administration of the combined department was surveyed in 1968 by the Management Services Unit and a number of recommendations, which are detailed on page 101, were approved by the Council. Although it is now accepted practice - and rightly so - that objective examination of organisation and management should take place as required, one cannot ignore the fact that the task of introducing and maintaining new structures, procedures and practice can produce difficulties. In the instances referred to, it is satisfying to know that most of the consequential problems have been resolved.

It is also important to record the changes in Committee structure which took place in May, 1968, as a result of which all health and welfare functions became the responsibility of a single Committee - the Health and Social Services Committee, whose membership also constitutes that of the Children Committee.

The opening in 1968 of the comprehensive Diagnostic Centre at the General Hospital, South Shields, which has centralised most of the hospital out-patient services in the hospital group, was an important event in the development of medical services in South Shields. The direct effect, as far as the local authority is concerned, was to remove the chest and special clinics from their long physical association with the health authority's main clinic premises in Stanhope Parade. Some loss in co-ordination with the local health authority services was anticipated but as the linking arrangements, mainly involving the health visiting service, were reviewed with the consultants concerned, the continuity of the association has been preserved. The accommodation released at Stanhope Parade will, in due course provide much needed space for other services in the department. Whilst the ambulance service had hoped for better co-ordination of journeys resulting from the centralisation of hospital out-patient services, experience so far has not come up to expectation and there have been occasions, possibly explainable, of ambulances being used on a shuttle pattern with a minimal number of patients carried. Added to this problem is the distant location of the centre in relation to the supplying bus route, involving a considerable walking distance in the hospital grounds for the patient using public transport. This will tend to influence hospital staffs to authorise ambulance transport for a larger number of patients at a time when economy in use of the ambulance service is so essential.

It is a pleasing duty for me to acknowledge a considerable debt of gratitude to all voluntary workers in South Shields who are associated in any way with this Department, Voluntary service contributed by individuals and organisations at many different points of the Department's widely ranging functions



has always been a very important element and it is clear that the future development of the health and particularly welfare services is going to be even more dependent on close co-operation between the officers of the Department and voluntary workers and organisations. It is pleasing also to note the increasing interest being taken by young persons in voluntary work and the recognition of this interest as manifested in the joint circular issued in 1968 by the central departments on Voluntary Community Service by Young People. In South Shields there is at least one scheme by which pupils of a local school have undertaken voluntary service for the elderly in association with the Department and other efforts, periodically, by young people for residents in the Council's Welfare Homes have been greatly appreciated.

During the year, changes in senior staff of the department included the retirement of Mr. E. F. Hedley, who held the post of Chief Social Work Officer. Mr. Hedley's total service in the Corporation amounted to 37 years and he had served through several different welfare administrations. He contributed in a significant way to the shaping of the welfare services in the local authority and well deserved tributes were paid to him at the time of his retiral. Mrs. A. C. Thompson also left the department after giving 12 years of good service as Home Help Supervisor.

The quotation which appears above contains an element of perpetual truth for although in Dr. Spear's time, public health was concerned mainly with the alleviation of gross defects in the environment and the resulting epidemics, his words are relevant today not only in the context of the cost of all the health services generally but particularly in the local problem of the costs involved in smoke control, the abatement of gross river pollution and the disposal of dry refuse.

Finally, I would like to take the opportunity of expressing my thanks to the members of the Committee for their support which was much appreciated during a year characterised by internal change and development. I am also indebted to the officers of all other Corporation departments for their valuable help and co-operation. I have pleasure in thanking generally all the members of the staff for a further year of good work and particularly Dr. Young, Mr. Brewis and Mr. Robinson, for their work in compiling this Report.

I. D. LEITCH,  
Medical Officer of Health.

Health and Welfare Department,  
Stanhope Parade,  
South Shields,  
Co. Durham.



# COUNTY BOROUGH OF SOUTH SHIELDS

## Part I

### General Data and Vital Statistics

Area and Population

Vital Statistics

Natural, Social and Economic Conditions

Births

Deaths

Mothers and Infants

## Area and Population

Area of Borough..... 4,877 acres  
Including inland water but excluding foreshore  
and tidal water - 301 acres.

### Population:

Census 1961.....	109,533
Estimated June 1968.....	107,210
Density (person per acre).....	21.9
Inhabited Houses (at 31st December, 1968).....	36,808
Rateable Value.....	£3,317,771
Product of 1d. Rate (estimated) .....	£13,500

## Vital Statistics.

### Live Births (corrected)

Number.....	1,662
Rate per 1,000 population.....	15.5
Illegitimate live births (per cent of total live births)	9.15%

### Stillbirths:

Number.....	32
Rate per 1,000 total live and stillbirths.....	19.0
Total live and stillbirths.....	1,694
Infant Deaths (deaths under one year).....	31

### Infant Mortality Rates:

Total infant deaths per 1,000 total live births.	19.0
Legitimate infant deaths per 1,000 legitimate live births	18.41
Illegitimate infant deaths per 1,000 illegitimate live births	13.16
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births).....	10.83
Early neo-natal mortality rate (deaths under one week per 1,000 total live births).....	9.6
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths).....	28.3
Maternal mortality (including abortion):	
Number of deaths.....	-
Rate per 1,000 total live and stillbirths.....	-



## ANNUAL REPORT

### Natural, Social and Economic Conditions

#### Meteorology.

There was very little change in the weather compared with 1967, the maximum average temperature being 53.6 degrees fahrenheit and the total rainfall being 28.87 inches in the year. The months of January and May were particularly dry. Full details are given in Table 7 on page 20.

#### Water Supply,

Details of the town's water supply are included in the Chief Public Health Inspector's report, see page 102.

#### Industries and Unemployment.

The principal industries in the Borough are ship-building, ship repairing, coal mining and export. Light industries (electrical) and engineer fittings, tailoring gowns, etc., have now been established for some years and these provide employment for many women.

I am indebted to the Manager of the Employment Exchange Mr. J. Gillespie, for the following information relating to unemployment.

The average numbers on the live registers taken from the monthly returns were as follows:

	1964	1965	1966	1967	1968
Men (aged 18 - 64) .....	1,661	1,205	1,278	1,949	2,461
Boys (aged 15 - 17).....	92	65	76	100	114
Women (aged 18 - 24).....	366	227	210	309	320
Girls (aged 15 - 17).....	46	30	35	52	36
	<hr/> 2,165	<hr/> 1,527	<hr/> 1,599	<hr/> 2,410	<hr/> 2,931

The maximum number of registered unemployed persons during 1968 was as follows:

Men.....	3,123
Boys.....	103
Women.....	327
Girls.....	43
	<hr/>
	3,596
	<hr/>

The minimum number of registered unemployed persons was in the period ending August, 1968, the figures being as follows:

Men.....	1,988
Boys.....	187
Women.....	302
Girls.....	49
	<hr/>
	2,526
	<hr/>

Unemployment continued to rise in 1968 and was the highest figure recorded for the past five years.

## **Births.**

There were 1,662 live births during the year, comprising 870 males and 792 females. The crude birth rate per 1,000 population was 15.5, which is the lowest figure ever recorded in South Shields. The birth rate for 1967 was 15.7 per 1,000 population. The area comparability factor was 0.98, giving an adjusted birth rate for 1968 of 15.19 per 1,000 population. The birth rate was once again lower than the rate for the whole of England and Wales, which in 1968 was 16.9 per 1,000 population. The decline in both the local and national birth rate continues.

## **stillbirths.**

The number of stillbirths recorded was 32 (20 males and 12 females), representing a stillbirth rate of 19.0

per total live and stillbirths. The corresponding figure for 1967 was 13.34. The stillbirth rate for England and Wales was 14.0 per 1,000 total births.

The major factors associated with the stillbirths in 1968 were prematurity, antepartum haemorrhage and congenital abnormalities.

### **Illegitimate Births.**

There were 152 (76 male and 76 female) illegitimate live births, this being 9.15% of the total live births, compared with 9.28% in 1967. There was one illegitimate stillbirth, representing 3% of the total stillbirths in the town. The stillbirth rate for illegitimate births is, therefore, 6.58 per 1,000 total illegitimate births compared with 19.0 per 1,000 in 1967.

It is pleasing to record the continuing decrease in the illegitimate stillbirth rate, which is partly due to the unmarried mother seeking ante-natal care and advice at an earlier stage.

### **Excess of Births over Deaths.**

The natural increase of population was 303 compared with 602 in 1967 and an average of 693 for the past decade.

### **Deaths.**

There were 1,359 deaths (735 male and 624 female) registered during the year among South Shields residents. This represents a crude death rate of 12.7 compared with the rate of 10.10 per 1,000 population for 1967.

The comparability factor for South Shields is 1.16 and this gives an adjusted death rate of 14.73 per 1,000 population.

Table 1, page 11 compares the 1968 birth and death rates for South Shields with the national rates and those of neighbouring authorities.



## **Causes of Death.**

The principal causes of death are given in the following table:

Cause	Number of Deaths 1968	% 1968	% 1967
Diseases of the heart and circulatory system.....	683	50.3	50.4
Cancer (including Leukaemia).....	281	20.6	22.4
Respiratory diseases (excluding tuberculosis).....	192	14.1	12.2
Accidents, suicides and violence..	44	3.2	2.7

The detailed breakdown of deaths by age, sex and cause is given in Table 2 on page 12.

### **Deaths from Diseases of the Heart and Circulatory System.**

This group remains by far the most common cause of death in the community accounting for half the total deaths in the Borough. Of this number, 296 (21.7%) were due to coronary disease and angina. The continuing increase in the number of deaths from coronary disease gives rise to grave concern. In South Shields, 87 of the deaths from this cause occurred in men and women under the age of 65 representing 6.4% of all deaths.

Cerebro-vascular disease of the nervous system, more commonly known as strokes, accounted for 196 deaths (82 male and 114 female), this being 14.4% of the total deaths.

### **Deaths from Cancer.**

There were 281 deaths (170 male and 111 female), from all forms of cancer during 1968, compared with 245 in 1967. This accounted for 20.3% of the total deaths in the town, giving a cancer death rate of 2.5 per 1,000 population. As in previous years, cancer of the lung accounted



for the highest number of deaths, followed by cancer of the stomach and cancer of the breast.

There were 76 deaths (67 male and 9 female) from lung cancer and of these, 56 occurred in men below the age of 65.

### **Respiratory Diseases.**

Deaths from diseases of the respiratory tract, excluding tuberculosis and lung cancer, totalled 192 (126 males and 66 females). Of these, 103 were due to bronchitis and it can safely be assumed that a large proportion of these persons were sufferers from chronic bronchitis.

### **Accidents, Suicides and Violence.**

The total deaths in this group was 44. Of these, 10 deaths were due to suicide and further details of these are given in the report of the mental health services on page 56. Of the remaining 34 deaths, 8 were due to motor vehicle accidents and 26 were due to a variety of other accidents, the percentage of deaths due to road accidents of all accidental deaths being 19% compared with 25% in 1967.

I mentioned in my 1967 report that we had established an Accident Register of all children admitted to hospital between 0 - 15 years as a result of an accident. The figures for 1968 are given below:

Head injuries.....	89
Poisoning.....	44
Burns and scalds.....	5
Eye injuries.....	3
Factured Limbs.....	4
	<hr/>
	145
	<hr/>

### **Infant Mortality.**

The number of deaths of children under one year of

age was 31 (19 male and 12 female), representing an infant mortality rate of 19.0 per 1,000 live births, compared with 18.0 for England and Wales. The infant mortality rate in South Shields in 1967 was 18.22. Two of the infant deaths in 1968 were illegitimate births.

#### Neo-Natal Mortality.

The number of deaths among live born infants under four weeks of age was 18, giving a neo-natal mortality rate of 10.83, compared with 14.69 in 1967. Of these, 16 deaths were in the first week of life, this period therefore accounting for 51.6% of all deaths under the age of one year.

#### Peri-Natal Mortality.

This term refers to stillbirths, plus deaths of infants under one week of age and since it is often a matter of pure chance whether an infant dies before birth or immediately afterwards, this figure gives an accurate indication of infant loss before and during the birth process. The perinatal mortality rate for South Shields in 1968 was 28.3 per 1,000 total births, compared with a national rate of 25. In 1967, the South Shields perinatal mortality rate was 26.07. Details of stillbirths and infant deaths for the past ten years are given in the following table:

Year	Number of Stillbirths	Deaths of Infants During First Week of Life	Perinatal Mortality Rates	Deaths of Infants Between One Week and Twelve Months
1959	55	28	37.4	24
1960	57	29	38.9	12
1961	49	32	38.8	20
1962	46	29	36.4	16
1963	42	20	30.3	13
1964	45	29	36.5	15
1965	32	25	29.1	16
1966	29	19	27.1	22
1967	23	23	26.7	8
1968	32	16	28.3	15

## Causes of Infant Mortality.

The principal causes of deaths of infants under one year are set out in Table 3 on page 16. The largest factor was immaturity, followed closely by respiratory infections and accidental asphyxia.

## Maternal Mortality.

In 1968, there were no deaths from causes associated with childbirth.

## Coroner's Inquests.

I am indebted to the Coroner, Mr. A. Henderson, for the following information:

Some 201 deaths were notified to the Coroner's Office during 1968. Inquests were held on 49 of these and 148 post mortem examinations were carried out. Inquests were held for the following reasons:

Accidental deaths consisting of accidents at home, work or on the roads.....	26
Suicide.....	9
Misadventure.....	4
Natural Causes.....	5
Industrial disease.....	1
Self-neglect.....	3
Miscellaneous.....	1
	<hr/> 49 <hr/>

## Cremations.

During 1968, 970 cremations were carried out at the Corporation Crematorium as follows:

South Shields residents....	712
Jarrow residents.....	130
Hebburn residents.....	60
Boldon residents .....	29
Others.....	39
TOTAL	<hr/> 970 <hr/>



In addition, 12 South Shields residents were cremated at Sunderland Crematorium and two at Newcastle Crematorium. The total, therefore, of South Shields residents cremated after death in 1968 was 726, which is equivalent to 53.4% of the total deaths. The corresponding proportion for 1967 was 50.7%.

### **Deaths in Hospital and other Institutions.**

There were 662 deaths (48.7%) of South Shields residents in hospitals or other institutions. Further details are given in Table 4 on page 17.

TABLE 1  
COMPARATIVE VITAL STATISTICS

Authority	Population	Birth Rate		Death Rate		Still-Birth Rate	Infant Mortality	Neonatal Mortality	Peri-natal Mortality	Illegitimate Live Birth Rate (% of live births)
		Crude	Adjusted	Crude	Adjusted					
England and Wales	48,593,000	16.9		11.9		14.3	18.3	-	24.7	-
South Shields C.B.	107,310	15.5	15.19	12.7	14.23	19.0	19.0	10.8	28.3	9.2
Gateshead C.B.	100,560	15.9	15.42	11.7	13.32	21.00	18.00	11.87	31.00	9.3
Newcastle C.B.	244,880	14.90	14.90	13.13	14.45	13.25	20.83	10.14	21.36	11.5
Tynemouth C.B.	72,790	16.02	15.70	12.20	13.15	10.30	28.59	18.20	25.73	9.6
Sunderland C.B.	219,710	17.39	16.17	11.31	13.46	16.73	19.37	12.6	26.77	7.7
Derham County	823,370	16.15	15.98	11.53	13.49	14.96	20.00	13.15	25.93	5.7
Northumberland County	504,690	14.21	16.17	12.70	13.08	13.62	16.46	11.57	23.0	5.8

TABLE 2  
CAUSES OF DEATH by Age and Sex 1968 (as supplied by the Registrar-General)

Cause of Death	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	Age in Years							75 & over		
					Age in Years									
					1-	5-	15-	25-	35-	45-	55-		65-	
B4 Enteritis and Other Diarrhoeal Diseases	M	1	-	-	-	-	-	-	-	-	-	-	-	-
B5 Tuberculosis of Respiratory System.....	F	1	-	1	-	-	-	-	-	-	-	-	-	-
B6 Other Tuberculosis, incl. late effects..	M	4	-	-	-	-	-	-	-	-	1	-	1	2
	F	2	-	-	-	-	-	-	-	-	1	-	-	-
B18 Other Infective and Parasitic Diseases..	M	1	-	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
B19 (1) Malignant Neoplasm - Stomach.....	M	2	-	-	-	-	-	-	-	-	2	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
B19 (2) Malignant Neoplasm - Lung, Bronchus.	M	26	-	-	-	-	-	1	1	4	9	7	4	-
	F	13	-	-	-	-	-	-	-	1	4	6	2	-
B19 (3) Malignant Neoplasm - Breast.....	M	67	-	-	-	-	-	-	1	5	27	25	9	-
	F	9	-	-	-	-	-	-	1	2	-	5	1	-
B19 (4) Malignant Neoplasm - Uterus.....	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	21	-	-	-	-	-	-	1	4	6	6	4	-
B19 (5) Leukaemia.....	F	1	-	-	-	-	-	-	-	-	-	1	-	-
	M	2	-	-	-	-	-	-	-	-	1	-	1	-
B19 (6) Other Malignant Neoplasms, etc.....	F	1	-	-	-	-	-	-	-	-	-	-	-	-
	M	75	-	-	-	-	-	-	1	7	23	27	17	-
B20 Benign and Unspecified Neoplasms.....	F	61	-	-	-	-	-	1	1	4	10	23	22	-
	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	3	-	2	-
B21 Diabetes Mellitus.....	M	6	-	-	-	-	-	1	-	-	-	-	3	-
	F	11	-	-	-	-	-	-	-	1	-	1	6	-









Cause of Death	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	Age in Years							75 & . Over	
					Age in Years								
					1- 5- 15- 25- 35- 45- 55- 65-								
B46 (8) Other Diseases, Genito-Urinary System	M	2	-	-	-	-	-	-	-	1	1		
B41 Other Complications of Pregnancy, etc....	F	5	-	-	-	-	-	-	-	2	3		
B46 (9) Diseases of Skin, Subcutaneous Tissue	F	1	-	-	-	1	-	-	-	-	-		
B46 (10) Diseases of Musculo-Skeletal System.	M	1	-	-	-	-	-	-	-	1	-		
B42 Congenital Anomalies.....	F	1	-	-	-	-	-	-	-	1	-		
B43 Birth Injury, Difficult Labour etc.....	M	4	-	-	-	-	-	-	-	2	1		
B44 Other causes of Perinatal Mortality.....	F	8	2	3	-	1	-	-	-	1	-		
B45 Symptoms and Ill-Defined Conditions.....	F	5	1	1	-	-	-	-	-	-	-		
BE47 Motor Vehicle Accidents.....	M	4	4	-	-	-	-	-	-	-	-		
BE48 All Other Accidents.....	F	1	1	-	-	-	-	-	-	-	-		
BE49 Suicide and Self-Inflicted Injuries.....	M	3	3	-	-	-	-	-	-	-	-		
BE50 All Other External Causes.....	F	2	-	-	-	-	-	-	-	-	-		
Total All Causes.....	M	735	10	9	3	5	7	7	23	53	163	227	228
	F	624	8	4	6	1	2	5	8	30	74	167	319



TABLE 3

## DEATHS DURING 1968 OF INFANTS UNDER ONE YEAR

Causes of Death	Sex	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total
Respiratory Infections.....	Males Females	- -	1 -	- -	- -	2 -	- -	2 -	- -	5 -
Gastro-enteritis.....	Males Females	- -	- -	- -	- -	1 -	- -	- -	- -	- 1
Cerebral Palsy.....	Males Females	- -	- -	1 -	- -	- -	- -	- -	- -	1 -
Congenital Heart Disease...	Males Females	- 1	- -	- -	- -	- -	2 -	- -	- -	2 1
Delivery and complications of Pregnancy.....	Males Females	1 1	- -	- -	- -	- -	- -	- -	- -	1 1
Congenital Malformations...	Males Females	1 -	- -	- -	- -	1 1	- -	- -	- -	2 1
Birth Injury.....	Males Females	- -	- -	- -	- -	- -	- -	- -	- -	- -
Infection of New-born.....	Males Females	- -	- -	- -	- -	- -	- -	- -	- -	- -
Immaturity.....	Males Females	6 6	- -	- -	- -	- -	- -	- -	- -	6 6
Accidental Asphyxia.....	Males Females	- -	- -	- -	- -	- 1	2 1	- -	- -	2 2
	Total	16	1	1	-	6	5	2	-	31

TABLE 4

## DEATHS DURING 1968 IN INSTITUTIONS AND TRANSFERABLE DEATHS

	Deaths in Institutions in the Borough		Deaths of South Shields Residents in Institutions outside the Borough	Transferable Deaths	
	Residents	Non-Residents		Residents	Non-Residents
General Hospital.....	417	154	-	-	154
Ingham Infirmary.....	127	90	-	-	90
Deans Hospital.....	15	2	-	-	2
Cleadon Park Hospital.....	9	3	-	-	3
R.V.I., Newcastle.....	-	-	10	10	-
General Hospital, Newcastle.....	-	-	15	15	-
Havelock & Grindon Hall Hospital, Sunderland.....	-	-	12	12	-
Cherry Knowle Hospital, Ryhope....	-	-	1	1	-
Palmer Memorial Hospital, Jarrow..	-	-	10	10	-
Shotley Bridge Hospital.....	-	-	3	3	-
Seaham Hall Hospital.....	-	-	5	5	-
Royal Infirmary, Sunderland.....	-	-	3	3	-
Hebburn Hospital.....	-	-	1	1	-
Other Hospitals.....	-	-	14	14	-
Conrad House Elswick.....	-	-	4	4	-
Private addresses.....	-	-	9	9	-
Other places.....	-	-	7	7	-
	568	249	94	94	249

TABLE 5 POPULATION, BIRTHS AND DEATHS  
For South Shields During 1968 and Previous Years

Year	Population: Registrar-General's Estimate Middle of each year	Live Births		DEATHS		
		Number	Rate	Under 1 Year of age		At all Ages
				Number	Rate per 1,000 net Births	
1959	108,700	2,177	20.0	52	24	1,190
1960	108,600	2,004	18.5	41	21	1,306
1961	109,350	2,013	18.4	52	26	1,322
1962	109,300	2,023	18.4	45	22	1,308
1963	109,080	2,007	18.4	33	16.4	1,377
1964	108,770	1,983	18.2	44	22.2	1,200
1965	108,540	1,925	17.7	41	21.3	1,314
1966	108,110	1,744	16.1	41	23.5	1,253
1967	107,760	1,694	15.7	31	18.0	1,092
1968	107,210	1,662	15.5	31	19.0	1,359
						10.9
						12.0
						12.1
						12.0
						12.6
						11.03
						12.1
						15.7
						10.1
						12.7



TABLE 6

## VITAL STATISTICS, 1881 - 1968

Year	Estimated Population	Birth Rate	General Death Rate	Infant Mortality Rate	Perinatal Mortality Rate	Death Rates from								Cancer	Other respira- tory Diseases	Diseases of Heart and Circulation
						Measles	Scarlet Fever	Diphtheria	Whooping Cough	Diarrhoea	Respiratory Tuberculosis	Tuberculosis of Other Organs				
Mean 1881-1890	66,520	38.8	20.5	140	*	.34	.45	.10	.44	.78	1.84	*	3.55	*	1.64	
Mean 1891-1900	87,022	36.1	20.1	166	*	.44	.22	.11	.46	.93	1.60	1.00	3.76	.63	1.72	
Mean 1901-1910	104,186	33.9	18.0	140	21.1	.45	.17	.16	.47	.66	1.50	.71	2.94	.72	1.81	
Mean 1911-1920	109,843	28.9	18.1	126	72.9	.38	.09	.09	.26	.61	1.53	.59	4.23	.90	1.75	
Mean 1921-1930	122,170	23.2	14.0	99	59.4	.19	.03	.08	.19	.29	1.33	.44	2.84	1.09	1.87	
Mean 1931-1940	110,635	17.7	13.7	81	65.7	.12	.03	.17	.08	.14	1.12	.34	1.95	1.44	3.17	
Mean 1941-1950	97,994	20.1	14.3	70	44.3	.03	.00	.09	.03	.12	0.92	.17	1.78	1.92	3.81	
Mean 1951-1960	107,867	18.8	11.7	28	39.4	.01	-	-	-	.02	0.24	.12	1.43	2.24	3.27	
1961	109,350	18.4	12.1	25.8	38.8	.01	-	-	-	.01	0.09	.01	1.40	2.44	3.76	
1962	109,300	18.4	12.0	22.4	36.4	-	-	-	-	.01	0.15	.01	1.49	2.29	3.94	
1963	109,080	18.4	12.6	16.4	30.3	-	-	-	-	.01	0.02	.01	1.68	2.42	4.17	
1964	108,770	18.2	11.0	22.2	36.5	-	-	-	-	.07	0.01	.01	1.22	2.25	5.44	
1965	108,540	17.7	12.1	21.3	29.1	-	-	-	-	.02	0.11	.01	1.59	2.56	5.95	
1966	108,110	16.0	11.1	23.5	27.1	-	-	-	-	.01	0.01	.01	1.36	2.27	6.02	
1967	107,760	15.7	10.1	18.2	26.6	-	-	-	-	.01	0.04	-	1.23	2.27	5.11	
1968	107,210	15.5	12.7	19.0	28.3	-	-	-	-	-	0.05	-	1.78	2.55	4.11	

\* Not Available

TABLE 7

SUMMARY OF METEOROLOGICAL OBSERVATIONS 1968 taken at 9 a.m., (G.M.T.) daily at the Bents Park and Health and Welfare Department, South Shields.

Month	Barometer (corrected for elevation, temperatures, etc.)	Air Temperature Fahr.				Hygrometer Fahr.			Earth Temper.		Rainfall (in inches)		Wind																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
		Average		Absolute		Dry Bulb	Wet Bulb	Relative Humidity	At 1 Foot Depth	Total Fall	No. of days rain fell .01 or more	Most in a day	Direction at 9 a.m. Number of Days																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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## **Part II**

# **SERVICES UNDER THE THE NATIONAL HEALTH SERVICE ACT, 1946**

**Care of Mothers and Young Children**

**Midwifery**

**Health Visiting**

**Vaccination and Immunisation**

**Ambulance Service**

**Prevention of Illness, Care and After-care**

**Home Help Service**

**Mental Health Services**



## CARE OF MOTHERS AND YOUNG CHILDREN

### Vital Statistics.

A summary of statistics for mothers and infants is set out on page 2 of this report.

### Ante-Natal Clinics.

During 1968, ante-natal sessions continued to be held at the Stanhope Parade Clinic, Steward Crescent Community Hall and Boldon Lane Clinic. One evening session was held each week for the benefit of mothers who were working or had large families or who, for other reasons, found it easier to attend in the evening.

#### ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS

Year	Number of Sessions During Year		Number of Women who Attended In Year		Number of New Cases Attended In Year		Total Attendances In Year	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
1963	308	43	2,097	56	1,697	54	8,741	160
1964	315	22	2,030	44	1,607	44	8,287	45
1965	258	-	1,814	42	1,471	42	8,082	42
1966	266	-	1,941	-	1,393	-	7,792	-
1967	203	-	869	-	1,398	-	8,430	-
1968	580	-	3,054	250	1,415	-	10,668	-

### Post-Natal Examinations.

No specific sessions are allocated to post-natal clinics but patients who require post natal examinations by the local authority staff are offered appointments at other clinic sessions.

### Child Health Clinics.

Child health clinic sessions were held each week in various parts of the town as follows:

Stanhope Parade Clinic.....	3
Steward Crescent Community Hall..	2
Baring Street Church Hall.....	2
St. Margaret's Church Hall.....	2 (to July 1968)
Park Avenue Community Hall.....	2 (from August 1968)
Galsworthy Road Church Hal.....	1
Wenlock Road Community Hall.....	1
Boldon Lane Clinic.....	2

In August, 1968, we were able to arrange two sessions each week at the Park Avenue Community Centre, belonging to the Housing Department. This replaced the child health services we had provided at the St. Margaret's Church Hall. We are indebted to the officials of the St. Margaret's Church for the use of their premises for so many years, enabling us to provide a child health service in that part of the town.

It is pleasing to record that attendances at child health sessions during the year remained constant. Periodic and medical examination of well children, as well as those at risk of developing handicaps, continued.

#### ATTENDANCES OF CHILDREN AT CHILD HEALTH CENTRES DURING 1968

No. of Sessions Held	No. of Children Attended in Year	No. of Children Attending			Total Attendances
		Born in 1968	Born in 1967	Born in 1963-66	
719	4,544	1,214	1,340	1,990	19,575

#### Distribution of Welfare Foods.

Welfare food, i.e. National Dried Milk and vitamin preparations for expectant and nursing mothers and children under five continued to be distributed daily at the Stanhope Parade Clinic and at all child health clinic sessions in other parts of the town. Two brands of proprietary dried milk were also made available for sale through the welfare foods services. Details of the sales of these various items are set out in the following table:



Year	Dried Milk Tins	Cod Liver Oil (bottles)	Vitamin A & D Tablets (packets)	Orange Juice (bottles)	Viol (cartons)	Proprietary Brand Dried Milk (packets)	Rose Hip Syrup (bottles)
1964	58,573	1,725	1,117	16,496	1,056		
1965	52,615	1,615	790	18,569	1,537	20,271	12,866
1966	37,244	1,518	755	19,329	1,398	27,264	17,503
1967	28,706	1,540	875	18,461	1,501	27,438	14,760
1968	17,835	1,549	910	17,176	1,489	30,227	12,634

## 1st Year Medical Examinations.

Arrangements whereby parents are invited to bring their children for a routine medical examination at child health clinics at or around their first birthday continued. In 1968, 1,559 children were offered the examination and 1,068 were examined (68.6%). Of the children examined, 123 were referred to their family doctor or to the hospital for further investigation.

## Priority Dental Service for Nursing and Expectant Mothers and Children under School Age.

During 1968, the treatment of this priority class of patient has been given when it was required. In the case of toothache in the pre-school child particularly, every effort has been made to relieve discomfort without delay. This has entailed the use of medical staff who are called upon to give general anaesthetics when such patients attend as "emergencies". The loss of a dental officer during the year made this use of the medical staff more essential.

The number of visits has fallen slightly as well as the number of teeth filled but, unfortunately, the number of teeth extracted still stays at a high level, showing lack of appreciation of the importance of a natural dentition. Some form of national dental health campaign should be formulated and vigorously carried out. Only this and fluoridation of the drinking water may stem the rising tide of dental decay.



**A. Numbers Provided with Dental Care.**

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and nursing mothers	56	55	51	49
Children under 5...	473	450	448	357

**B. Forms of Dental Treatment Provided.**

	Scaling and Gum Treatment	Fillings	Extractions	Dentures	
				Full	Partial
Expectant and nursing Mothers	4	48	154	6	4
Children under 5	2	220	559	-	-

**Phenylketonuria.**

Health visitors continued to test urine of all infants at the second and sixth week of life for phenylketonuria. No positive result has yet been recorded in the town.

**Congenital Abnormalities.**

The scheme for notification of all congenital abnormalities apparent at birth continued throughout 1968. The information is collected in the Health and Welfare Department and transmitted to the General Register Office. During 1968, there were 14 live and 4 stillborn infants notified as having congenital abnormalities, giving an incidence of 10.1 per thousand total births. Abnormalities notified in these 18 infants totalled 24, an incidence of 14.0 abnormalities per thousand total births. Further details are given in the accompanying table.

Abnormalities	Number	Rate per 1,000 Total Births
Central nervous system.	8	4.7
Eye, ear.....	1	0.6
Alimentary system.....	4	2.4
Heart and great vessels	2	1.2
Respiratory system.....	1	0.6
Urogenital system.....	1	0.6
Limbs.....	4	2.4
Other skeletal.....	1	0.6
Other systems.....	2	1.2
Total.....	24	14.2

### Children at Risk.

The register of children notified to the department as being "at risk" and likely to develop some form of handicap later in life was continued. During the year, a total of 558 cases were notified and added to the register.

All the children on the above register who had attained the age of nine months were offered a hearing test by the health visiting staff. A summary of the test carried out in 1968 is given below:

Total number of tests.....	567
Number of re-tests.....	7
Referred for further investigation.....	6

### Day Nurseries.

The following is a statement of the work of the two day nurseries for the past two years at Nos. 1 and 29 Beach Road. There is accommodation for 40 children in each nursery.

The policy of family grouping continues to operate successfully in both nurseries. More educational equipment was purchased and found very helpful by the nursery warden. The training of nursery students has also been facilitated.



	1968		1967	
	No. 1 Beach Rd.	No. 2 Beach Rd.	No. 1 Beach Rd.	No. 2 Beach Rd.
Number of children on register at end of the year.....	40	50	44	46
Admissions:				
Under 2 years old	33	26	26	16
2 - 5 years old...	38	36	43	23
Number of Attend's				
Under 2 years old.	2,779	2,169	2,392	2,000
2 - 5 years old...	6,698	5,325	6,585	5,805
Average Attendance per Session:				
Under 2 years old.	10.9	8.5	9.4	7.9
2 - 5 years old...	26.3	20.9	26.0	22.9
Number of children at end of year:				
Under 2 years old.	15	14	8	14
2 - 5 years old...	35	26	32	36

The six handicapped children who attend the day nurseries have fitted into nursery life. They are extremely happy, fully accepted and helped by the other children.

Five students completed their course at the Monkwearmouth College of Further Education. Four of these students passed their Nursery Nurses Examination Board Examination and at the end of the term, were awarded their certificates. The fifth student is continuing to receive tuition and will re-sit the examination. Of the four who have qualified successfully, three have gone into residential nurseries (the Gabbittas Nursery, South Shields and Blackburn House, Boldon). The other nursery nurse has entered general nurse training at Newcastle General Hospital.

The day nurseries continue to help in the wider education of pupils from various local secondary modern schools who are taking A Home Economic Course, run by the Education Authority. The nurseries were also visited by other organisations (student nurses from the Ingham



Infirmary and General Hospital, student health visitors and girl guides).

The nursery staff worked very closely with the Children's Department and other branches of the Health and Welfare Department, e.g. health visitors and social workers, whilst the interchange of students between the educational nursery school class at Harton Infants' School and the day nursery continued satisfactorily.

### **Nurseries and Child Minders Regulation Act, 1948.**

There was one application for registration as a child minder and one application for the registration of premises (Park Avenue Community Centre), where arrangements were being made for a playgroup. Both applications were granted subject to certain conditions.

The two premises registered as nurseries in the town were visited during the year and found to be satisfactory.

The total number of persons and premises registered under the Act at 31st December, 1968, was as follows:

Child Minders	Nursery Premises
3	2

### **Care of the Unmarried Mother and her Child.**

The scheme for the care of illegitimate children and unmarried mothers is carried out jointly by the Council, and the Jarrow Deanery Moral Welfare Association. A full-time welfare worker is employed by the Association and has an office in South Shields, though her duties cover the area of neighbouring authorities. In 1968, the South Shields Council increased their grant to £560 per year towards the cost of this service and they also make a contribution towards the maintenance cost of patients admitted to mother and baby homes. During 1968, 33 unmarried girls belonging to South Shields were admitted to these homes at a cost to the Council of £1,004. The

following is a summary of the work done by the welfare worker in South Shields during 1968:

	1967	1968
No. of unmarried mothers seeking help and advice.	61	65
No. of married women with illegitimate children..	17	12
No. of divorced women with illegitimate children.	4	4
No. of putative fathers interviewed.....	17	2
No. of other cases.....	11	14
No. of South Shields children placed for adoption	21	20
No. of widows with illegitimate children.....	1	-

## **National Health Service (Family Planning) Act, 1967.**

### **Ministry of Health Circular 1/67.**

The Council continued its family planning service by arrangement with the Family Planning Association. A session continued to be held on Wednesday mornings each week at the Stanhope Parade Clinic and the Council accepted financial responsibility for both examination and supplies for women referred on medical grounds from the Local Authority Clinics. During 1968 a total of 99 patients were referred with a cost to the authority of £580. 12s. 6d.

In October, 1967 an experimental domiciliary service was introduced. A specially trained nurse employed by the Family Planning Association visited the homes of women who were considered in need of family planning, but who either would or could not attend the clinic. The Health Committee agreed to provide this service on a permanent basis and to accept financial responsibility from April 1968. The specially trained nurse reported that in 1968 she visited 78 patients of whom 32 accepted some method of birth control. Of the 78 patients visited 25 were referred by the Health Visiting Staff of the Department.

In view of the provisions of the new legislation and associated Ministry Circulars, a meeting of professional representatives of the Hospital, family doctors and the



Department was held during this year at which it was possible to clarify the respective functions of the three branches of the service in family planning. It was accepted that in view of the complex aspects involved not to suggest any significant changes in existing policy. Not unnaturally, the local authority would hesitate to widen its functions at this stage but it has accepted the responsibility of attempting to bring family planning to these families for whom it is most needed by instituting the domiciliary service referred to above.

A Report was submitted to the Ministry of Health in accordance with Paragraph 15 of Circular 15/67.

## MIDWIFERY SERVICE

### Notification of Births.

The number of births notified in the County Borough during 1968 was as follows:

	<u>Live Births</u>	<u>Still- Births</u>
Domiciliary births.....	493	3
Births in South Shields Maternity Hospital.	<u>1,204</u>	<u>38</u>
	1,697	41
<i>LESS</i>		
Born in South Shields Maternity Hospital to mothers not resident in the town.....	<u>436</u>	<u>11</u>
	1,261	30
<i>ADD</i>		
Born outside South Shields to mothers resi- dent in the town.....	401	2
 NET TOTAL OF BIRTHS TO SOUTH SHIELDS MOTHERS .....	 <u>1,662</u>	 <u>32</u>

The institutions outside the County Borough where the births occurred were as follows:



	Live Births	Still- Births
Danesfield Maternity Home, Jarrow.....	356	-
Princess Mary Maternity Hospital, Newcastle.	26	1
Sunderland Maternity Hospital.....	4	-
Sir G.B. Hunter Memorial Hospital.....	1	-
Sunderland Royal Infirmary.....	4	-
St. Mary's Nursing Home, Hendon.....	1	-
Queen Elizabeth Hospital, Gateshead.....	4	-
Hopedene, Newcastle.....	2	-
Newcastle General Hospital.....	2	1
Preston Hospital, North Shields.....	1	-
	<hr/> 401	<hr/> 2

### Place of Confinement.

Table 8 on page 32 gives the place of confinement of South Shields births over the last ten years. The proportion of births taking place in institutions is increasing and is now 70.0%, and this is now in line with the national average and the recommended rate of 70% but over 45% of these births takes place in Danesfield Maternity Home, which is a general practitioner unit and does not have all the facilities of a maternity hospital. It is, therefore, not suitable for cases considered to be in high risk groups.

### Care of Premature Infants.

During 1968, there were 74 live births of infants weighing 5½ lbs. or less at birth. Further details of these are given in table 9 on page 33. Of the 32 stillbirths, 17 were premature - all of which were born in hospital.

### Intention to Practise.

Notifications of Intention to Practise were received from 42 midwives during 1968 and of these, 23 were in the maternity hospital and 19 in practice as domiciliary midwives.

TABLE 8  
PLACE OF CONFINEMENT (SOUTH SHIELDS COUNTY BOROUGH)

Year	Home	South Shields Maternity Hospital*	Institutions	Total					Still-birth Rate	Percentage of Births in Hospitals
					Home	South Shields Maternity Hospital*	Other Hospitals	Total		
1959	1,302	555 (244)	310	2,167	13	37 (16)	5	55	24.8	40.8
1960	1,173	580 (248)	255	2,008	3	46 (17)	2	51	24.8	42.9
1961	1,184	629 (314)	226	2,039	12	35 (13)	2	49	23.5	42.7
1962	1,008	666 (317)	304	1,978	5	34 (20)	6	45	22.4	49.9
1963	895	710 (334)	387	1,992	7	30 (19)	5	42	20.5	55.7
1964	818	709 (351)	445	1,972	5	35 (28)	5	45	22.8	58.5
1965	739	757 (392)	431	1,927	5	22 (13)	5	32	16.3	62.0
1966	623	720 (384)	401	1,744	1	22 (23)	6	29	16.4	64.1
1967	571	717 (397)	413	1,701	2	19 (15)	2	23	13.4	66.7
1968	493	767 (437)	401	1,661	3	27 (11)	2	32	18.9	70.7

\* The figures in parenthesis refer to births occurring in the Maternity Hospital to mothers who are not resident in South Shields.





## **Domiciliary Midwifery Service.**

The staff of the domiciliary midwifery service at the end of 1968 comprised the Non-Medical Supervisor and 18 full-time midwives of whom one was assigned to special baby care.

Midwives attended a total of 496 domiciliary births in 1968, this being 77 fewer than in 1967. In 365 cases, medical aid was sought by midwives under Section 14(1) of the Midwives Act, 1951. In addition, 2,151 patients were nursed on discharge from hospital before the tenth day. Of these, 87 were discharged before the third day and 944 between the fourth and seventh day.

The total number of visits paid was as follows:

Maternity, nursing and post-natal visits.....	17,399
Ante-natal visits.....	6,194
Visits re admission to Danesfield Maternity Unit.	648
Total.....	24,241

Details of ante-natal clinics and the liaison scheme with general practitioners are given on page 70.

## **Maternity Outfits.**

Complete outfits were distributed to 471 expectant mothers during 1968 and 3 special outfits to mothers discharged early from maternity hospitals.

## **The Report of the Non-Medical Supervisor of Midwives.**

There has been an increase in the number of ante-natal sessions and attendances throughout the year. Ante-natal care has been given to all patients booked for confinement at home or at the Danesfield Maternity Home. In addition, a proportion of patients booked for South

Shields Maternity Hospital have attended the local authority clinic up to the 36th week of pregnancy. This supervision has been a combined effort with the family doctor.

Twenty general practitioners from nine practices are now participating in the general practitioner/midwife attachment scheme. This covers 50% of the total number of practitioners in the Borough. Homes of 640 patients were visited to assess the social circumstances, following a application for accommodation in the Danesfield Maternity Home. Close liaison with the South Shields Maternity Hospital has continued during the year. The midwife assigned to special baby care visited the hospital twice weekly and attended clinic sessions with the paediatrician. Defaulters from hospital clinic appointments have been followed up by the midwives visiting the patients' homes.

Health education has been given to mothers attending clinics and the mothercraft classes. Educational films of specific interest to the expectant mother have been shown during these sessions. There has been a decrease in the number of home confinements but this is to be expected if we are to maintain high standards of case selection on medical, obstetric and social grounds.

Four members of the staff attended post-graduate courses during the year.

## **Part II Midwifery Training.**

The Part II midwifery training School at Ravenscroft was visited by an educational inspector from the Central Midwives Board in April. A satisfactory report was given.

At the end of 1967, a Working Party Report on the future development of midwifery training was accepted by the Central Midwives Board and introduced into two areas as a pilot scheme. These were the Newcastle and Wessex Regional Hospital Boards.

During 1968, discussions took place with the Princess Mary Maternity Hospital regarding this scheme. The Council and the Hospital Board of Governors agreed to introduce



the new form of training early in 1969.

In the meantime, we are accepting candidates from various parts of the country for the complete six months domiciliary training. The students acquire a great deal of experience in community care during this course. The following is a summary of the work:

In training on 1st January, 1968.....	5
New students during 1968.....	12
Still in training on 31st December, 1968.....	6
No. of students who entered for Part II of the Central Midwives Board examination.....	10
No. of students who passed the examination.....	9
No. of students who did not complete training.....	-

## HEALTH VISITING

### Report of the Superintendent Health Visitor

Staff position as at 31.12.68 - 14 full-time  
1 part-time  
1 vacancy

Two student health visitors obtained their health visitor's certificate and commenced full-time health visiting in September, 1968.

No suitable applicants were found for secondment to the 1968/69 health visitor training course at the Municipal College of Commerce, Newcastle upon Tyne.

#### In-service Training Sessions

- March - Film "Congenital Heart Defects in Young Children"
- July - Two student health visitors had three days training in hearing testing of babies and young children
- August - Film "Family Planning"



December - Film "Menstruation"

December - Film "Coughs and Sneezes" (Kleenex film)

### **Refresher Courses.**

Two Health visitors attended Liverpool for ten days (Royal College of Nursing)

Two Health visitors attended Ponteland, Northumberland for two days (Royal College of Nursing)

One Health visitor attended for a two weeks refresher course for Field Work Instructors (Royal College of Nursing)

Arrangements are being made for a health visitor to take a full course on Field Work Instruction in 1969.

### **Health Education**

The health education programme in senior schools continues to be carried out by health visitors. The scheme is very successful. Three schools are now taking, under the direction and teaching of Miss Hutton, Health Visitor, a course of instruction resulting in the National Association of Maternity and Child Welfare Examination for their Certificate of Secondary Education.

At Mortimer Road Secondary School the health visitor gives health education talks to a mixed class of boys and girls.

### **Co-ordination of Health Visitors and Other Services.**

Six health visitors are associated with general practices on a co-ordinating basis and this continues to work well. The health visitors visit the surgeries once a week for discussion of special cases - e.g. socio-medical aspects. The liaison and co-operation between general practitioners and health visitors has resulted in a better understanding of the work of health visitors and her place in community care. Complete attachment of health visitors with general practitioners has not yet taken

place in this area but perhaps in the near future this will occur when community care units are established.

If this is the future pattern, the health visitor will no longer be working wholly as a "preventive worker" with health and welfare as her first concern and it remains to be seen whether the general public will gain or lose in this reorganisation. It will be most interesting to watch developments.

#### **Co-ordination with General Hospital, South Shields.**

A monthly rota of health visitors is arranged to participate in:

- (a) Social round on children's unit with the consultant paediatrician each Monday afternoon
- (b) Special baby care unit each Tuesday afternoon
- (c) Chest clinic, Diagnostic Centre, Tuesday afternoon.

#### **Child and Family Guidance Clinic.**

Each health visitor is on a six monthly rota to act as social worker at the Child and Family Guidance Clinic held all day on a Friday at the Boldon Lane Clinic.

#### **Family Planning Service.**

A clinic is held every Wednesday morning in the Stanhope Parade Clinic. In addition, a domiciliary family planning worker is employed by the local authority, who consults the health visitors once a week concerning referral of cases to the family planning clinic.

#### **Cytology Clinics.**

These clinics have been held once in every two weeks and the health visitors and clinic attendants assist on a rota basis.



### Accident Register.

This register is maintained as a departmental record of all accidents to children between the ages of birth and 15 years who require hospital care.

### At Risk Register.

The babies on this register are given extra supervision during the first year of life and a hearing test is done by the health visitors at nine months of age. A copy of the hearing test result is sent to the consultant paediatrician for all children who have attended her special care unit.

### Geriatric Day Centre.

This continues to be held every Monday 10 a.m. - 3.30 p.m. at the Boldon Lane Clinic. It is staffed by a health visitor, a clinic attendant and voluntary workers. The old people enjoy their day out and in many cases, this is the only occasion they spend outside their own homes.

### Immunisation.

In May, 1968, measles vaccination was added to the routine immunisation schedule. The mothers had a choice of having their children immunised by their own doctor or at the local authority child health centres. Vaccination against smallpox - it was decided this should be done by general practitioners or at child health centres with the general practitioner's knowledge and consent.

### Child Health Centres.

In July, 1968, the use of St. Margaret's Hall, Centenary Avenue, was terminated. The clinic was transferred to the Park Avenue Community Centre. This was an adapted building, which provided better facilities.



### Fieldwork Instructor.

Mrs. Stewart has had two students under her care during the 1968/69 health visitor training course.

### Student Nurses.

Students from the General Hospital are attached for a day to a health visitor during the third year of training and a talk on the functions of the health visitor is given by Miss Mycock at the commencement of each session.

### Social Caseworker.

Mrs. Winch, Family Caseworker of the Northumberland and Tyneside Council of Social Service, was transferred during 1968 and as a result of the new arrangements, the health visitors work in close co-operation with the social work staff of this department, which now provided a service of family casework.

### Care of the Aged.

The health visitors visit elderly persons where there is a medical reason; the majority of such cases are referred by general practitioners and the social work staff is consulted as required.

During the past year, more selective visiting has been paid to families in need of support which, in a sense, means moral support against the pressures of modern society. There are many instances of young couples marrying earlier and having problems with young children, housing, mortgages, hire purchase, electric and gas bills. The termination of electricity and gas supplies because of non-payment of bills has been a great anxiety to health visitors because of fire hazards; candles are used for lighting and the inability to cook or make feeds for babies sometimes leads to unsatisfactory alternatives.

For understandable reasons the companies are not always helpful when asked to install pre-payment meters in these homes. The health visitors encourage and help with family budgeting but this advice is not always acceptable. More general information on finance, hire purchase, mortgages, etc., should be given to boys and girls leaving school at 15 years of age. These are the girls who step into unskilled posts and jobs, marry early and have their families with little knowledge of how to cope with difficult situations.

During the past few years, there seem to have been more young people with nervous breakdowns and needing hospital care. These are the cases upon whom the health visitors spend much time in supporting and helping.

The nervous breakdowns are found in the families where stress is great - e.g. house purchase and mortgages, illness of husband, matrimonial discord., deserted wives with young children and occasionally deserted husbands, which prove more urgent to deal with when the father is the breadwinner and there are children to be cared for.

To understand completely the modern role of a health visitor, it is necessary to think of her as a trained medico-social worker, whose normal setting is among the people whom she knows well. The relationship is like that of a friendly neighbour and during her routine calls, she is in a good position to detect any problems which may threaten the health and wellbeing of the family. The advice which she may give or the action she may take in these early stages may prevent any deterioration and may obviate an acute situation arising.

With the current examination of the organisation of the social services in this country, it is to be hoped that these essential relationships between the health visitor and the family will not be undermined.

Details of the work of the health visitors during 1968 are set out below:



Cases Visited by Health Visitor	No. of Cases
(1) Children born in 1968.....	1,590
(2) Children born in 1967.....	1,654
(3) Children born 1963- 1966.....	6,335
(4) Total number of children in lines 1 - 3.....	9,579
(5) Persons aged 65 or over.....	110
(6) Number included in line (5) who were visited at the special request of a general practitioner or hospital.....	73
(7) Mentally disordered persons.....	24
(8) Number included in line (7) who were visited at the special request of a general practitioner or hospital.....	6
(9) Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)....	175
(10) Number included in line (9) who were visited at the special request of a general practitioner or hospital.....	64
(11) Number of tuberculous households visited.....	80
(12) Number of households visited on account of other infectious diseases.....	2,363
(13) Other cases.....	469

## HOME NURSING SERVICE

### Report of the Superintendent

This service is carried out on behalf of the Corporation by the South Shields and District Nursing Association.

At the beginning of 1968, the staff of the Association comprised the Superintendent, 12 full-time and 7 part-time nurses and 4 bath attendants.

The service is still based at 5 Westoe Village and the demand for this valuable community service continues to increase.

The following is a summary of the work during 1968:

	1967	1968
Patients on the books at 1st January, 1968.....	438	522
New Patients		
Medical.....	680	741
Surgical.....	433	373



	1967	1968
Ear, nose and throat.....	14	18
Cerebral.....	54	112
Carcinoma.....	133	147
Pneumonia and Pleurisy.....	37	55
Diabetic.....	30	53
Pulmonary Tuberculosis.....	3	4
Other forms of tuberculosis.....	4	3
Maternal complications.....	11	3
	<hr/> 1,399	<hr/> 1,509

### Visits

Visits to old age pensioners.....	806	944
Total number of visits to all patients.....	63,042	68,989
Total number of injections.....	17,248	16,607
Total attendances at the treatment clinic....	-	587

As mentioned in my 1967 report, the scheme where patients were able to attend the District Nursing headquarters for treatment continued to be successful but the sessions were reduced during the year from daily to Monday and Wednesday mornings, as this appeared the most convenient for the patients involved.

The nurses visit the department's residential welfare homes each week for observation and nursing care is given for any of the elderly residents where this is necessary.

In August, an arrangement was made with the Hospital Management Committee for them to supply sterile dressing packs for the nurses' use on the district.

During the year, four state registered nurses were trained and were successful in qualifying for the Assessment Examination of the Queen's Institute and one gained a distinction. In-service training was continued. Refresher lectures were given and films were shown on various aspects of the work of a district nurse. One talk was given by a general practitioner on the use and effect of drugs and this was very much appreciated by the staff.

The service provided by the Marie Curie Memorial Foundation Scheme, in conjunction with the Health and Welfare Department, for those patients suffering from malignant disease was continued. Six nurses were employed during the year and gave a total of 1057½ hours additional care to 26 patients.

The night sitting service was continued but was only operated for 32 sessions during the year. This is mainly

due to the difficulty in employing personnel for this type of work at such a low remuneration.

Several talks were given on health education topics by the Superintendent to guilds and youth organisations and one member of the staff gave a talk in one of the schools on the work of the district nurse. One of the nurses was temporarily attached to a group practice during the year, to enable the permanent nurse to have her annual holidays. This brief experiment was invaluable to both the nursing service and to the general practitioners.

## VACCINATION AND IMMUNISATION

During 1968 a revised schedule of immunisation was received from the Ministry of Health and adopted by the department following a recommendation of the Joint Committee on Vaccination and Immunisation. A copy of this schedule is shown on page 47.

### Vaccination against Measles.

In March 1968 we received notification from the Ministry of Health (circular 9/68) that vaccination against measles should be offered to all children up to and including the age of 15, who are susceptible to an attack of measles because they have neither been immunised nor had natural measles. The amount of vaccine available was not sufficient to meet all possible demands and it was therefore necessary to phase the programme. For this reason local authorities were asked to plan their arrangements with a view to commencing vaccination during the months of May, June and July to children between their fourth and seventh birthdays and to susceptible children attending day nurseries and nursery schools. Unfortunately in South Shields, it was necessary to delay the introduction of measles vaccinations as at this time measles had reached epidemic proportions in the town. Measles vaccination in fact commenced during the month of June and



and 346 children under the age of 5 and 345 children aged 5 and over were vaccinated.

### Vaccination against Smallpox.

The number of vaccinations and re-vaccinations performed during during the year are given below.

	Under 1 Year	1 - 4 Years	5 - 15 Years	Total
Primary Vaccination.....	73	557	35	665
Re-Vaccination.....	-	6	32	38
Total.....	73	563	67	703

The following table shows the number of successful vaccinations and re-vaccinations carried out in the past five years.

	1964	1965	1966	1967	1968
Under 1 year (a).....	81	38	57	71	73
(b).....	-	-	-	-	-
1 - 4 years (a).....	463	562	621	535	557
(b).....	6	6	10	6	6
5 - 15 years (a).....	32	27	84	29	35
(b).....	29	21	49	12	32
Totals (a).....	576	627	762	635	665
(b).....	35	27	59	18	38

(a). Primary Vaccination  
(b). Re-vaccination.

Percentage of children under 5 years protected 37%

### Diphtheria Immunisation.

The number of children immunised against diphtheria during 1968 was 1,238 and a further 2,687 received reinforcing doses. The following table gives further details:

	Children Born in the Year(s)					Others Under 16	Total
	1968	1967	1966	1965	1961/4		
Primary Doses	377	725	40	29	51	16	1,238
Reinforcing Doses.....	-	384	682	47	1,533	41	2,687
	377	1,109	722	76	1,584	57	3,925



Of the children aged 1 - 4 years, approximately 74% have completed courses of primary vaccination. This is in line with the general level of immunity in the country but is no reason for complacency and intensive efforts are maintained to encourage mothers to accept immunisation for their children.

### **Pertussis Immunisation.**

Some 2,215 children under 5 years of age were protected against whooping cough, either singly or in combination with other antigens.

### **Tetanus Immunisation.**

Immunisation against tetanus, either singly or in combination with other antigens, was continued for both children under 5 years and children attending school. As in previous years, the policy of ensuring that older school children were given primary courses of protection against tetanus was implemented.

The number of children who received a primary course of immunisation was 1,171 under five years and 332 school children. Reinforcing doses were also given to 1,114 children under five years and 2,717 school children.

### **Vaccination against Poliomyelitis.**

The following table gives details of the number of persons protected against poliomyelitis during 1968.

	Under 5 Years	5 - 15 Years	Total
Primary Vaccinations completed			
1968.....	1,221	132	1,353
Reinforcing dose.....	882	1,476	2,358

It is estimated that by the end of the year 83% of children under five years and 90% of children aged 5 - 15 years, had received a primary course of poliomyelitis vaccine.

# SCHEDULE OF VACCINATION AND IMMUNISATION PROCEDURES

Age	Prophylactic	Interval	Notes
During the first year of life	Diph/Tet/Pert. and oral Polio vaccine. (First dose)  Diph/Tet/Pert. and oral Polio vaccine. (Second dose)	Preferably after an interval of 6-8 weeks.	The earliest age at which the first dose should be given is 3 months, but a better general immunological response can be expected if the first dose is delayed to 6 months of age.
During the second year of life	Diph/Tet/Pert. and oral Polio vaccine. (Third dose)  Measles vaccination  Smallpox vaccination	Preferably after an interval of 6 months.  After an interval of not less than 3-4 weeks (see Note 9)  After an interval of not less than 3-4 weeks (see Note 9)	While the second year is recommended for routine vaccination against smallpox, in individual cases and if special circumstances call for it, vaccination against smallpox may be carried out during the first year. (see Note 1).
At 5 years of age or school entry.	Diph/Tet and oral Polio vaccine or Diph/Tet-Polio vaccine Smallpox revaccination		With the exception of smallpox re-vaccination these may be given, if desired, at 3 years of age to children entering nursery schools, attending day nurseries or living in children's homes.
Between 10 and 13 years of age	B.C.G. vaccine		For tuberculin negative children.
At 15-19 years of age or on leaving school.	Polio vaccine (Oral or inactivated) Tetanus toxoid Smallpox revaccination		



## AMBULANCE SERVICE

The following is a statement of the work of the Ambulance Service during 1968.

### Patients.

Removals to or from addresses in South Shields.....	53,121
Removals to or from addresses outside South Shields.....	17,353
Total patients.....	70,474

This is a slight increase on the total patients for 1967 (68,603).

### Journeys.

Journeys with patients in South Shields.....	7,633
Journeys with patients outside South Shields.....	5,538
Accidents and emergencies.....	2,420
Midwives with analgesia apparatus.....	116
Other journeys.....	154
	<hr/>
	15,861

This compares with the figure for 1967, which was 15,571

### Mileage.

Mileage in South Shields.....	127,075
Mileage outside South Shields.....	103,325
	<hr/>
	230,400

The comparable figure for 1967 was 222,075.

### Costs.

The cost of the service for the year ended 31st March, 1968, was £61,554, which gives a unit cost of 5s. 5d. per vehicle mile. Corresponding figures for the previous year were £59,038 at 5s. 4d. per vehicle mile.

In 1968, each journey averaged 14.5 miles and 4.4



patients carried, as compared with 14.2 miles and 4.4 patients in 1967.

### **Staff.**

At the end of the year, the staff comprised a Superintendent, four chargehands and 28 driver/attendants, one motor mechanic, one labourer and one night telephone operator.

### **New Vehicles.**

Two new vehicles were received into service during the year. These were Bedford/Lomas ambulances with the new K.A. chassis.

### **Emergency Calls.**

During 1968, there was a total of 2,571 emergency calls compared with 2,320 calls in 1967.

The arrangements whereby the South Shields Ambulance Service provides emergency cover to the Whitburn and Cleadon areas on behalf of the Durham County Ambulance Service continued during the year.

## **PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

### **Recuperative Holidays.**

Recuperative Holidays in approved convalescent homes are arranged by the department for persons who are recommended by their family doctors for this form of care and who are unable otherwise to obtain such treatment. During 1968, there were no applications for this type of holiday.

## Sick Room Equipment.

During 1968, a total of 817 items of nursing equipment were issued to patients being cared for in their own homes. Most of the equipment is issued from the Stanhope Parade Clinic but some items are also available at the Boldon Lane Clinic. The articles provided were as follows:

Bedpans.....	160	Feeding cups.....	13
Back rests.....	93	Rubber bed pans.....	2
Rubber sheets.....	113	Commodes.....	45
Air cushions.....	72	Hospital beds.....	5
Bottles.....	103	Tripod sticks.....	24
Invalid chairs.....	65	Elbow sticks.....	10
Leg cages.....	26	Walking aids.....	12
Dunlop mattresses...	9	Other articles.....	65

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The arrangements for the issue of incontinence pads to those patients requiring them were continued. These pads are issued by the District Nursing Association on behalf of the department and the vast majority are used by patients who are already receiving home nursing care. In addition to the incontinence pads, protective clothing for incontinent ambulant patients were also made available.

Approximately 9,950 incontinent pads and protective garments were issued during the year.

## Family Casework.

The arrangements whereby the Northumberland and Tyneside Council of Social Service employ a family caseworker in South Shields continued until November, 1968. Following a survey and reorganisation of the social work service of this department, it was decided that family casework should be a direct service. The new arrangement was brought into effect from November, 1968.

We are greatly indebted to the Northumberland and Tyneside Council of Social Service for the service they



provided over the past ten years and in particular I would record appreciation of the services of Mrs. Winch, the Family Caseworker, who co-operated so well with the staff of the department.

Two qualified social workers now undertake special casework duties to meet and cope with increasing problems caused by family breakdown, homelessness and mounting economic pressures. The records of existing cases were handed over to the department, which has now accepted full responsibility for work of this nature. Families have been able to benefit from the advice, support and often help in material form that the caseworker can give. Even with availability of the local Marriage Guidance Council, much of the work involves matrimonial conciliation, which is time consuming and requires tact, patience and understanding by the caseworker and is work in which the personality of the caseworker plays a very big part.

Mrs. Winch handed over 20 ongoing cases to the two special caseworkers who, in the remaining part of the year, visited 128 families with problems. Of these families, 40 are being visited regularly.

There are many sources of referral, in addition to those handed over from Mrs. Winch. Referrals came from general practitioners, health visitors, the Department of Health and Social Security, the Children's and Housing Department and, of course, there were many self referrals.

## **Chiropody.**

The demand for this invaluable service continued to increase to such an extent that a second full-time chiropodist was appointed in June, 1968.

The arrangements continue to operate whereby the Old People's Welfare Committee offer treatment to old people in their own homes or at the headquarters of the British Red Cross Society and a grant of £1,100 was given by the Council for this purpose. A chiropody service is also provided for the elderly in the residential homes.

A summary of the work carried out over the past five years is given in the following table:



	1964	1965	1966	1967	1968
Total attendances.....	1,115	3,397	3,249	5,202	6,541
Patients treated by chiroprapist at patient's home.....	267	281	238	235	278
Total number of patients treated.....	628	1,135	1,635	1,889	2,012

## Cervical Cytology.

The cytology sessions at Stanhope Parade Clinic continued during the year, although with a decreased demand. Requests were received from 980 women, all were sent appointments and 647 attended for this examination; five of these were found to have positive or highly suspicious smears, requiring further investigation and 13 to have other minor gynaecological abnormalities. All women who required either further investigation or treatment were referred to their general practitioners.

During the latter part of the year enquiries were made by a general practitioner in the town as to whether it could be possible for her to hold a cervical cytology clinic on our premises. This progressive practitioner had compiled a list of her own and her partner's patients who were "at risk". As we were not receiving sufficient requests to maintain our weekly clinic we were only too pleased to co-operate and it was felt that in this way a section of the population would be covered who may otherwise be missed. One clinic was held before the end of the year.

## Fluoridation of Water Supplies.

Although this authority, together with Durham County Council have consistently reiterated their agreement to the addition of fluoride to water supplies the concurrence of Sunderland County Borough is still necessary before this can be effected. Discussions have taken place and further discussions are to be arranged and it is hoped

that the necessary agreement with Sunderland can be obtained so that fluoridation can be carried out as quickly as possible.

## HEALTH EDUCATION

The keen interest shown in the health education programme in the girls' senior schools in the town continued during 1968. In the latter part of the year, this programme was expanded to include some of the senior boys' schools in the town. The programme is reported fully in the School Health Report for 1968.

Health education continued to be an integral part of the work of all the Health and Welfare Department staff; talks on various health topics were given to outside organisations; mothercraft and health education classes are now an accepted part of antenatal care; posters and leaflets on topical health subjects are on display in the various clinic and office premises.

The General Dental Council kindly lent this authority their Dental Health Education Trailer, which was on view at the health and welfare stand at the South Shields Flower Show in August. The local authority dental officers attended on rota to answer visitors' questions. Attendances were encouraging and a lively interest was shown in this exhibition and, of course, in the free apples for the children, which the General Dental Council arranged to be provided through a local trader.

Closely related to health education is the course in Child Care sponsored by the National Association of Maternal and Child Welfare. This course is now available at three senior schools in the Borough and the health visiting staff take a very active part in these courses, acting as instructors and examiners.

### In-Service Training.

The practice of encouraging the staff to keep abreast of modern development and new policies in the health and



welfare services continued during 1968. Professional journals covering a very wide range of subjects are purchased and available to all members of staff.

A number of special in-service sessions were held for members of the medical and nursing staff, subjects included Congenital Heart Defects in Young Children, Family Planning and films which may be of use in the health education programme.

A valuable method of enabling staff to widen their knowledge is the refresher course. Members of the midwifery and health visiting staffs attend these in accordance with statutory requirements but other members of staff in the social work, medical dental and administrative field are also seconded from time to time. The courses are usually of short duration but cover a wide variety of subjects and in the year under review, included mental health, care of the elderly and hearing testing in babies and young children.

## HOME HELP SERVICE

At the end of 1968 there was one full-time home help working 40 hours weekly, and 153 part-time home helps working an average of 24 hours weekly. During the year, 45 home helps resigned and 21 were engaged.

The following table gives the total number of cases who received the service during the year, with the hours worked. (Figures for previous years are included for comparison).

	1968	1967	1966	1965
No. of households attended.....	1,256	1,198	1,014	1,206
No. of hours worked.....	187,312	189,325	247,287	249,243

The hours worked during 1968 are considerably reduced as compared with the years 1966 and 1965. This has been due to the introduction of the 'Code of Guiding Principles' which came into effect at the end of the year 1966.



Although there has been a reduction in the hours worked, the number of households serviced has increased but this has not in any way affected the adequacy of the hours allowed to meet the needs of individual cases. All applications for the home help service are given due consideration and help is granted according to need.

New cases in 1968 were referred from the following sources:

	1968	1967
Direct application.....	107	147
Health and Welfare Department.....	109	144
General practitioners.....	83	64
District nurses.....	14	11
General Hospital.....	46	35
Department of Health and Social Security....	14	7
Relatives.....	52	-
Others.....	4	13
	<u>429</u>	<u>421</u>

During the year, the Supervisor and her staff made 7,027 domiciliary visits in connection with assessment and allocation, as compared with 6,159 visits in 1967.

There was a weekly average of 240 persons receiving daily help from the home help service throughout the year.

During 1968, there were 11 applications from maternity cases but of these, only 3 were given home help assistance, a decrease on previous years.

Two applicants' houses were found to be in a neglected state and two home helps were employed working 33 hours between them in a special cleaning effort to make these homes habitable. An additional payment of up to 10/-d. per week is made to home helps engaged on this work.

Mrs. A. C. Thompson resigned in August of this year as Home Help Supervisor after 12½ years of excellent Service and Miss A. Donaldson, who previously worked for the Sunderland home help service and was appointed to the post commenced duty on 1st October, 1968.

## MENTAL HEALTH SERVICES

The mental health service has been operating as an integral part of the general social work service since November, 1967 and certain difficulties experienced at the outset have been resolved. The barriers between the various social work sections have disappeared and the picture of a unified service can now be clearly seen.

The level of co-operation between the staff and Dr. Kelly, Consultant Psychiatrist, for mentally ill patients and Dr. Frazer, for mentally subnormal patients, has been most satisfactory. A monthly liaison meeting is held in the Stanhope Parade Clinic under the chairmanship of the Medical Officer of Health and is attended by Dr. Kelly, Dr. Strang, Dr. Wood and members of the social work staff.

Nightingale House, the psychiatric hostel for mentally ill patients, was used primarily as a half-way house for patients on discharge from hospital and also to take patients from the community who were at risk or where relationships in the home were undergoing severe strain. One or two selected subnormal patients were also admitted on a short term basis for similar reasons.

Nightingale Psychiatric Social Club, now in its third year, has a membership of 40, the average attendance is 20. This Club was founded on 18th November, 1966, by Mr. Scott, Senior Social Worker, with a total membership of 13. By 1967, the total membership had reached 89, with a regular attendance of approximately 35 on Monday evenings and 8 on Wednesday evenings. At the present time, membership stands at 40 with an average attendance on Monday evening of 22 and on Wednesday evenings of 12.

Monday nights are purely social, when members have a short session of bingo for prizes, very often donated by the members themselves. This is followed by entertainment provided by the members. The Wednesday evening is normally attended by lady members only and is devoted to making articles, night dress cases, peg bags, etc., which are purchased by members, their friends or workmates. It is a rule that all members have in the past or are at present



suffering from some form of mental disorder. While there has been a hard core of members who have attended since the inception, many others have joined and after a period of weeks or months have left and taken active interest in social life in the community. Many past and present members who at regular intervals found it necessary to enter hospital have had very good remissions and in some cases have never required hospital treatment since joining the club, thus demonstrating the rehabilitative value of this group.

### Care and After Care.

Table M.1 gives details of age, nature of mental disorder and cause of referral. A total of 185 cases were referred, 116 less than the previous year. The drop in referrals is probably due to the fact that more people are being referred direct to psychiatric out-patient clinics.

The social workers arranged 89 psychiatric out-patient appointments and 70 domiciliary appoints (table M.2), the admission of 105 patients to hospital (table M.4) and 11 patients to temporary care. The number of persons under care in the community was 419, a decrease of 32 on the corresponding figure for 1968 (table M.3).

### Attempted Suicides.

Table M.5 records only those persons brought to the notice of the social workers as attempting suicide. The total of 10 is 31 less than the number notified last year but this does not mean that attempted suicide is on the decline, as more are being seen soon after admission by the consultant psychiatrist.

### Mental Subnormality.

A total of 21 cases were referred to the social workers during the current year and all were placed under care. There were no long term admissions at the end of the



year and the number of subnormal patients in hospital at the end of the year remains at 150, the same as last year (Table M.6).

## JUNIOR TRAINING CENTRE AND SPECIAL CARE UNIT

The function of the Centre as an educational unit providing material at the level of the child's intelligence is now fully operational and has proved that some severely subnormal children do respond to educational stimulus. The standard and programmed training in the Centre continues to be ambitious and this has resulted in two boys being transferred to the E.S.N. school.

Four students from Sheffield and one student from Newcastle studying for the Teachers of the Mentally Handicapped Diploma, successfully completed teaching practice in the Centre. One student (Junior Teacher Training) completed an observation visit plus study papers for an independent credit.

Three members of staff are participating in a project "Research in Language Development of the Severely Subnormal Child" at Newcastle University; this requires monthly evening visits to the college. Two members of staff attended a course organised by the College of Special Education on "Special Children" and a further three paid a five day observation visit to the Educational Unit for Deaf/Blind Children with additional handicaps, near Birmingham. We are indebted to Dr. Simon, the consultant in charge of the unit, for allowing the visit to take place.

Nurses from the Ingham Infirmary and the General Hospital visit the Centre during training, also student midwives and health visitors. School leavers from Stanhope Road and Redwell Senior Schools studying child care also visit the Centre.

During Mental Health Week two exhibitions were held, one in Boldon Lane Clinic and the other in Stanhope Parade Clinic. This, combined with a stand at the Annual

Flower Show, helped to educate present and future parents in the facilities provided by the local authority for these handicapped children.

### **Special Care Unit.**

The purpose of this unit is to provide daily care for severely subnormal children with additional handicaps, seven children are transported daily by the ambulance service while three use the Centre's special transport. The ambulance service staff are to be thanked for their assistance.

The attendances at the Junior Training Centre and Special Care Unit during the year totalled 10,660. At the end of the year, the number on the waiting list for the Junior Training Centre was two, whilst the waiting list for the Special Care Unit was six.

## **ADULT TRAINING CENTRE**

During the past year, there has been a total of 10,323 attendances with an average of 54 trainees - the year ending with 53 on the register, of which 35 were male and 18 female.

One male member of staff has been seconded to the training course at Durham Technical College and is due back early in 1969.

A Parent and Staff Association was formed in May, 1968, and is now a thriving body, helping to give the trainees an interest in outside life.

A short resume of the various activities which took place in the Centre during 1968 follows:

### **Laundry.**

Consisting of Junior and Adult Centre's washing and the luncheon clubs for the elderly. The luncheon club contract commenced from October, 1968.



## **Mixed Class. Handiwork.**

Knitting, embroidery, wool winding. Mixed class.

## **Cookery.**

Mixed classes. Trainees are taught the art of elementary cooking to enable them to cook a simple meal in case the need arises in the absence of parents.

## **Swimming.**

Mixed group. Twelve of the trainees have attained certificates.

## **Keep Fit.**

Weekly sessions of movement to music. Females in the morning, males in the afternoon, with games session.

## **Social Training.**

By simple instructions and individual training in reading, writing and art.

## **Domestic Duties.**

Mixed class. Consists of teaching the trainees:

- (a) Washing of crockery and cutlery
- (b) Care of cookers
- (c) Cleaning of brass
- (d) Cleaning of domestic science room and work rooms
- (e) Scouring of sinks and baths
- (f) Dusting and polishing furniture



**Dancing.**

Mixed sessions. This serves a dual purpose, as it also provides a form of entertainment; the trainees enjoy the pop music and ballroom dancing.

**Personal Hygiene.**

Encouragement is given to the trainees to keep clean their hands, hair and teeth.

**Gardening.****Firewood.**

Elderly people's homes and the day nurseries are kept supplied with sticks.

**Cement Contract.**

Cement slabs and fancy bricks.

**Craft Work.**

Mixed class. Rugs, stools and woodwork.

**Contract Work.**

Mixed class.

TABLE M.1.  
NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING  
YEAR ENDING 31st DECEMBER, 1968

Referred by	Mentally Ill			Psychopathic			Subnormal			Severely Subnormal			Total Subnormal and Severely Subnormal		Grand Total Of Columns 1 to 16				
	Under Age 16		16 and Over	Under Age 16		16 and Over	Under Age 16		16 and Over	Under Age 16		16 and Over	Under Age 16	16 and Over					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	16	17	18
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F		
(a) General practitioner.....	-	2	13	34	-	-	-	-	1	-	-	1	-	-	-	-	1	1	51
(b) Hospital, on discharge from in-patient treatment.....	-	-	23	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53
(c) Hospital, after or during out-patient or day treatment	-	-	4	5	-	-	-	-	-	-	-	-	1	1	-	-	2	-	11
(d) Local Education Authority...	-	-	-	-	-	-	-	-	-	-	-	1	4	7	-	-	11	1	12
(e) Police and courts.....	-	-	6	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
(f) Other sources.....	-	-	19	26	-	-	-	-	1	-	1	-	2	1	-	-	4	1	50
Total.....	-	2	65	97	-	-	-	-	2	-	1	2	7	9	-	-	18	3	185

TABLE M. 2.

APPOINTMENTS WITH CONSULTANT PSYCHIATRIST

(a) Psychiatric Out-patients Clinic

	<u>Under 16</u>		<u>Over 16</u>		<u>Total</u>
	M	F	M	F	
Subnormal .....	17	16	9	16	58
Mentally Ill.....	-	-	14	17	31
	17	16	23	33	89

(b) Psychiatric Domiciliary Appointments

Subnormal.....	-	-	-	-	-
Mentally Ill.....	-	-	25	45	70
	-	-	25	45	70



TABLE M.3  
CARE IN THE COMMUNITY  
Number of Patients at 31st December, 1968

	Mentally Ill				Subnormal				Severely Subnormal				Totals				Grand Total	
	Under 15		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Patients under domiciliary care at end of Dec. 1968.....	1	68	131							45	35	25	18	58	48	137	176	419

TABLE M.4  
ADMISSIONS TO HOSPITAL  
Hospital Admissions Arranged by the Mental Welfare Officer for all Categories of Mental Disorder

	General Hospital South Shields		Cherry Knowle Hospital, Ryhope		Prudhoe and Monkton		Other Hospital		Total
	F		F		F		F		
	M	F	M	F	M	F	M	F	
Informal.....	20	23	6	28	1	2	-	-	80
Section 29 (emergency).....	2	2	2	3	-	-	-	-	9
Section 25 (observation).....	2	1	6	7	-	-	-	-	16
Section 26 (treatment).....	-	-	-	-	-	-	-	-	-
	24	26	14	38	1	2	-	-	105

## ATTEMPTED SUICIDES FOR THE YEAR 1968 BY AGE, SEX AND NATURE OF ATTEMPT

Age in Years	Overdose of Tablets		Hanging		Poisons (liquid)		Poisons (Coal Gas)		Cut Wrists		Drowning	
	M	F	M	F	M	F	M	F	M	F	M	F
0-12	-	1	-	-	-	-	-	-	-	-	-	-
13-19	-	2	-	-	-	-	-	-	-	-	-	-
20-29	-	1	-	-	-	-	-	-	1	-	-	-
30-39	-	2	-	-	-	-	-	-	-	-	-	-
40-49	1	-	-	-	-	-	-	-	-	-	-	-
50-59	1	-	-	-	-	-	-	-	-	-	-	-
60 and Over	-	-	-	-	-	-	1	-	-	-	-	-
Total	2	6	-	-	-	-	1	-	1	-	-	-

TABLE M. 6.  
MENTALLY SUBNORMAL PATIENTS IN HOSPITAL AT 31ST DECEMBER, 1968.

Hospital	Males		Females		Total
	Under 16	16 and Over	Under 16	16 and Over	
Prudhoe and Monkton Hospital....	19	47	12	44	122
General Hospital, South Shields	-	28	-	-	28
Other Hospitals.....	-	-	-	-	-
Total	19	75	12	44	150



TABLE M.7

TRAINING CENTRES, 10 OAKLEIGH GARDENS, CLEADON, NR. SUNDERLAND

	Subnormal		Severely Subnormal				Totals			Grand Totals			
	Under 16		Under 16		Over 16		Under 16						
	M	F	M	F	M	F	M	F	M		F		
Attending Training Centre	3	5	11	10	37	23	19	12	40	28	30	22	120*
Awaiting entry	-	1	-	4	3	2	-	1	3	-	5		11

\*Does not include 1 male mentally ill patient attending Adult Training Centre.

## CO-ORDINATION AND CO-OPERATION WITH THE HOSPITAL AND FAMILY DOCTOR SERVICES

The Department maintained its policy of trying to foster better relationships among the three branches of the National Health Service and a summary of the ways in which this is being done is given hereunder:

### Co-operation with the Hospitals.

In the mental health field, a monthly session is held at the Stanhope Parade Clinic for mentally sub-normal persons of all ages, this clinic was attended by Dr. J. A. Fraser, Medical Superintendent at Prudhoe and Monkton Hospital and the senior social workers. The intention is to follow up all mentally subnormal persons in the Borough, so that the hospital service has prior knowledge of patients who may require temporary or long term hospital care. In addition to this clinic, monthly case conferences on mental illness are held which are attended by Dr. N. Kelly, Consultant Psychiatrist, mental welfare officers and the Matron of the psychiatric hostel.

Mr. G. Rhys-Evans, Consultant Ear, Nose and Throat Surgeon, holds a monthly clinic at Stanhope Parade and the local authority audiometrician is in attendance. Children coming to this clinic are mostly school children but pre-school children also attend.

The part-time geriatric day centre at Boldon Lane Clinic and Wenlock Lodge Community Centre mentioned in my previous reports continued to provide social care and medical supervision for elderly persons discharged from hospital, local authority and hospital staff work harmoniously in these centres.

The Medical Officer of Health and Superintendent Health Visitor lecture to student nurses at the hospital, whilst student nurses spend some time observing the local authority nursing services and paying observation visits to the day nurseries, child health centres and junior



training centre.

The Principal School Dental Officer continued to attend clinical sessions at the Dental Hospital, Newcastle, and found this of great benefit in keeping abreast of the latest developments and techniques.

There is an interchange between local authority and hospital medical staff; a local authority medical officer attends the special care and premature baby unit at the General Hospital once a week and a hospital medical officer takes a weekly child health clinic at Boldon Lane Clinic.

The Superintendent Health Visitor and the Senior Social Workers attend the Consultant Geriatric Physician on a ward round once a fortnight at South Shields General Hospital. The social problems of the patients are discussed and the value of this in co-ordinating the services for the elderly is considerable.

The health visitor is a valuable link between hospital and home and whilst she is able to supply useful information on social and environmental conditions to the hospital staff, she can also pay follow-up visits to the patients after discharge from hospital. Health visitors on rota attend ward rounds on the children's ward and the premature baby clinic at South Shields General Hospital.

One health visitor, who is jointly employed by Durham County Council, Sunderland and South Shields County Boroughs, acts as social worker and contact tracer for the special treatment clinics at Sunderland Royal Infirmary and Stanhope Parade, South Shields, under the direction of the Consultant Venereologist, Colonel B. Levy.

Until November, 1968, Stanhope Parade Clinic was used by the Hospital Service to house the Chest Clinic. Out-patient facilities were available under the direction of a Consultant Chest Physician. These facilities have now been transferred to the new Diagnostic Centre at South Shields General Hospital.

All close contacts of notified cases of tuberculosis are followed up by health visitors. The health visiting also make visits to the patients' homes and give advice



and guidance on any medical or social problems which may occur. To ensure that the close co-operation between health visitor and chest clinic continues, the health visitors on a three monthly rota visit the Chest Clinic at the Dianositic Centre weekly.

One of the local authority domiciliary midwives is allocated to the special care and premature baby unit and follows up the babies discharged from this unit.

The micro-filmed copies of all old tetanus records have now been sent to the Ingham Infirmary, South Shields and the hospital has been kept informed of all subsequent tetanus immunisations.

### **Co-Operation with General Practitioners.**

The Medical Officer of Health is a member of the Local Medical Committee and of the Executive Committee of the local division of the B.M.A., whilst representatives of the Local Medical Committee and of the local division of the B.M.A. are co-opted members of the Health Services Committee. The Medical Officer of Health is also a member of the Regional Liaison Committee, composed of the Newcastle Regional Hospital Board and Medical Officers of Health of Local Health Authorities in the region.

For some years, there has been a policy of co-ordination between health visitors and general practitioners, six health visitors being allocated to six practices. This is not a full-time attachment; the health visitors visit the surgeries regularly and act as liaison officer between the doctor and other members of the health visiting staff.

In one group practice, a health visitor gives health education talks to all expectant mothers attending an ante-natal clinic at the surgery.

The scheme for attachment of midwives to general practitioners, commenced in 1966, was expanded in 1968. There are now twenty general practitioners from nine practices participating in this scheme, approximately 50% of the total number of family doctors working in the Borough.

The Home Nursing Service, because of the nature of its work, is in daily contact with both hospital and general practitioner services and has excellent co-operation with both.

The Maternity Liaison Committee forms a link between all three branches of the service in the midwifery field and has been useful in providing an opportunity for discussing difficulties encountered and ways of ensuring co-ordination and co-operation among the three branches.

Admissions to Danesfield Maternity Home, which is a general practitioner unit, are on social grounds. The investigations are carried out by the midwifery staff. The Medical Officer of Health or his deputy attends the monthly meeting at the hospital. When these cases are considered, representatives from the Hospital Management Committee and the general practitioners are also present.

During July, 1968, a meeting was called to consider means of fostering greater co-operation between the social work section of the Health and Welfare Department, consultant psychiatrists and general practitioners. This was attended by the Medical Officer of Health, the Consultant Psychiatrist and Medical Superintendent of South Shields General Hospital, the Secretary of the Local Medical Committee, the Chief Social Work Officer and the senior social workers. The ensuing discussions proved of such value to all that it was decided to hold further meetings of this nature at monthly intervals. These are proving invaluable as a link between the three branches of the National Health Service.

It is hoped that in the near future, health centres will be built in the Borough so that the services of general practitioners and the local health authority will be even more fully integrated.

## **Part III**

# **INFECTIOUS DISEASE**

**Notification and Deaths**

**Epidemiology.**

**Notes on Certain Infectious Diseases.**

**Hospital Admissions.**

**Laboratory Examinations.**

**Tuberculosis.**

**Venereal Disease.**



	Age Groups											
	All Ages		Under 1		1 - 2		3 - 4		5 - 9		10 - 14	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever.....	12	-	1	-	2	-	1	-	9	-	-	-
Whooping Cough.....	11	-	1	-	-	-	5	-	5	-	-	-
Acute Poliomyelitis.....	-	-	-	-	-	-	-	-	-	-	-	-
Measles.....	2487	-	146	-	356	-	1194	-	774	-	4	-
Diphtheria.....	-	-	-	-	-	-	-	-	-	-	-	-
*Pneumonia:												
Influenzal.....	2	-	-	-	-	-	-	-	-	-	-	-
Primary.....	34	-	-	-	5	-	3	-	1	-	2	-
Dysentery.....	41	-	1	-	-	-	8	-	15	-	2	-
Smallpox.....	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis.....	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever.....	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever.....	-	-	-	-	-	-	-	-	-	-	-	-
*Erysipelas.....	1	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection.....	1	-	-	-	1	-	-	-	-	-	-	-
Food Poisoning.....	13	-	-	-	-	-	4	-	-	-	1	-
*Puerperal pyrexia.....	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia neonatorum...	-	-	-	-	-	-	-	-	-	-	-	-
Malaria.....	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis:												
Respiratory.....	38	-	-	-	1	-	4	-	1	-	6	-
Non-respiratory.....	9	-	-	-	-	-	-	-	-	-	4	-
Infective Jaundice.....	211	-	1	-	1	-	22	-	80	-	12	-
Total.....	2860	-	149	-	366	-	1241	-	885	-	84	-
											31	-
											-	-
											48	-
											-	-
											24	-
											-	-
											10	-
											1	-
											5	-
											32	-

The diseases notifiable to the Medical Officer of Health were amended, under the Public Health Act 1968, as from 1st October 1968.

\* Figures to 30th September 1968 only.

† Figures from 1st October, 1968 only.

TABLE B. Seasonal Incidence of Notifications, 1968.

Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever.....	3	-	4	-	1	-	1	1	1	-	-	-	12
Whooping Cough.....	-	-	1	-	1	1	1	5	-	1	-	2	11
Acute Poliomyelitis....	-	-	-	900	633	168	65	35	5	2	1	3	2487
Measles.....	25	155	495	-	-	-	-	-	-	-	-	-	-
Diphtheria.....	-	-	-	-	-	-	-	-	-	-	-	-	-
*Pneumonia:													
influenzal.....	2	-	-	-	-	-	-	-	-	-	-	-	2
primary.....	5	4	7	4	5	1	2	2	4	-	-	-	34
Dysentery.....	5	-	1	3	5	-	13	27	25	28	7	16	130
Smallpox.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute encephalitis....	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever.....	-	-	-	-	-	-	-	-	-	-	-	-	-
*Erysipelas.....	-	-	1	-	-	-	-	-	-	-	-	-	1
Meningococcal infection	-	-	-	-	-	1	-	-	-	-	-	-	1
Food poisoning.....	1	-	-	1	1	5	1	1	7	-	-	3	20
*Puerperal pyrexia.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia neonatorum..	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis:													
respiratory.....	3	2	10	3	5	2	3	-	4	3	2	1	38
non-respiratory.....	1	1	-	1	-	1	2	1	-	1	1	-	9
†Infective jaundice.....	-	-	-	-	-	15	31	36	46	27	34	22	211
Total .....	45	162	519	912	650	194	119	108	92	63	45	47	2956

The diseases notifiable to the Medical Officer of Health were amended, under the Public Health Act 1968, as from 1st October, 1968.

\* Figures to 30th September, 1968 only.

† Figures from 1st October, 1968 only



	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Scarlet Fever.....	144	89	31	15	69	234	67	39	15	12
Whooping Cough.....	75	74	65	66	84	54	9	126	8	11
Acute Poliomyelitis.....	1	1	2	-	-	-	-	-	-	-
Acute Polioencephalitis.....	-	-	-	-	-	-	-	-	-	-
Measles.....	2697	402	2074	494	1050	836	1170	1363	236	2487
Diphtheria.....	-	-	-	-	-	-	-	-	-	-
*Pneumonia:										
influenzal.....	30	10	8	9	26	-	-	-	-	2
primary.....	124	87	104	93	119	85	86	37	47	34
Dysentery.....	77	31	4	30	31	107	13	85	15	130
Smallpox.....	-	-	-	-	-	-	-	-	-	-
Encephalitis (infective and post infectious)	3	2	4	1	-	-	1	-	1	-
Typhoid Fever.....	-	-	-	-	24	-	-	-	-	-
Paratyphoid Fever.....	-	-	4	2	-	-	-	-	-	-
*Erysipelas.....	9	11	2	2	3	-	-	2	2	1
Meningococcal Infection.....	3	7	10	3	1	4	1	3	-	1
Food Poisoning.....	12	1	36	4	5	20	12	11	4	20
*Puerperal Pyrexia.....	30	19	1	1	3	1	4	2	-	-
Ophthalmia Neonatorum.....	1	-	1	-2	-	1	-	1	-	-
Malaria.....	-	-	1	1	-	-	-	-	1	-
Pemphigus Neonatorum.....	-	-	-	-	-	-	-	-	-	-
Tuberculosis:										
respiratory.....	132	100	78	95	103	80	55	59	43	38
non-respiratory.....	12	15	9	11	9	5	8	9	9	9
†Infective jaundice.....	-	-	-	-	-	-	-	-	-	211
Total combined incidence.....	3350	849	2434	829	2529	1427	1426	1738	381	2956

The diseases notifiable to the Medical Officer of Health were amended, under the Public Health Act 1968 as from 1st October, 1969.

\* Figures to 30th September 1968 only

† Figures from 1st October, 1968 only.



## NOTES ON CERTAIN INFECTIOUS DISEASES

### Scarlet Fever.

Confirmed notifications numbered 12, compared with 15 cases in 1967. The cases were evenly spread over the year.

### Whooping Cough.

The number of accepted cases was 11, compared with 8 in 1967 and most of the cases were in the 3 to 9 year age group.

### Measles.

The number of accepted cases was 2,487, compared with 236 in 1967. The cases were mainly in the first two quarters of the year. No adult cases were reported and the majority of children affected were between 3 and 9 years of age.

### Smallpox.

There were no cases of smallpox reported in 1968.

### Enteric Fever.

There were no cases of enteric fever notified in 1968.

### Poliomyelitis.

For the seventh year in succession, there was no case of poliomyelitis notified to the department.

### Diphtheria.

No case of diphtheria was notified for the seventeenth successive year. This could lead to complacency and a

consequent reduction in the demand for immunisation. This could have serious results, as there is always the possibility of diphtheria recurring.

### **Acute Encephalitis.**

No case was notified during the year.

### **Meningococcal Infection.**

One case was notified during the year.

### **Food Poisoning.**

A total of 20 cases of "food poisoning" were notified. Of these, 13 were confirmed. The cases were spread evenly throughout the town and any connection between them was not traced.

### **Dysentery.**

A total of 130 cases were reported and investigated during the year and 41 of these were confirmed bacteriologically. Of these, 23 were in the 3 to 9 years of age group.

### **Hospital Treatment.**

During 1968, seven cases of notifiable infectious disease from South Shields were treated in hospital as follows:

General Hospital,  
South Shields

Meningococcal infection.	1
Dysentery.....	6
	<hr/>
	7

### **Laboratory Examinations.**

The following is a list of pathological examinations

carried out for the Health and Welfare Department in the Public Health Laboratory, Newcastle.

Faeces.....	695
Urine.....	22
Blood Culture.	1
Throat Swab...	1
	<hr/>
	719
	<hr/>

## TUBERCULOSIS

The number of notifications for tuberculosis remained at a reasonably low figure and was 47 compared with 52 in 1967.

### Incidence of Tuberculosis.

Cases notified during 1968.....	47
Non-notified fatal cases.....	-
Notified posthumously.....	-
Cases re-admitted.....	-
Inward transfers.....	-
	<hr/>
	47
	<hr/>

### Cases Removed from Register.

Death from tuberculosis or other cause.....	5
Left the town.....	2
Two years untraced.....	1
Five years free (respiratory,.....	66
Wrong diagnosis or notifications withdrawn.....	1
	<hr/>
	75
	<hr/>

Number of cases on register at end of 1968 - 253.

### Notifications.

During 1968, there were 47 cases notified as follows:

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	26	12	38
Non-respiratory	4	5	9



Age Group	Respiratory		Non-respiratory	
	Male	Female	Male	Female
Under 1 year	-	-	-	-
1 year	1	-	-	-
2 - 4 years	3	1	-	-
5 - 9 years	1	-	-	-
10 - 14 years	-	-	-	-
15 - 19 years	1	4	1	1
20 - 24 years	-	1	1	1
25 - 34 years	2	1	-	2
35 - 44 years	1	-	-	1
45 - 54 years	5	2	1	-
55 - 64 years	3	2	-	-
65 - 74 years	6	1	1	-
75 years	3	-	-	-
TOTALS	26	12	4	5

The notifications rate was 0.43 per 1,000 of the population - 0.35 respiratory and 0.08 non-respiratory.

The number of cases of tuberculosis notified or ascertained during each of the past ten years is as follows:

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Notified:										
Respiratory	132	100	78	95	103	80	55	59	43	38
Non-respiratory	12	15	9	11	9	5	8	9	9	9
Not Notified:										
Respiratory	2	-	-	4	3	-	-	-	-	-
Non-respiratory	3	-	-	-	-	-	-	-	-	-
Total	149	115	87	110	115	85	63	68	52	47
Notification Rate	1.37	1.06	0.79	0.97	1.02	0.78	0.58	0.63	0.47	0.43

A comparison of the notification rates for the neighbouring authorities is as follows:

	Respiratory	Non-respiratory
South Shields C.B.	0.35	0.08
Gateshead C.B.	0.43	0.08
Sunderland C.B.	0.74	0.10
Newcastle Upon Tyne C.B.	0.35	0.04
Tynemouth C.B.	0.31	0.05
Durham County	0.28	0.03
Northumberland County	0.17	0.05

## Mortality.

Respiratory tuberculosis caused 6 deaths during 1968. There were no non-respiratory deaths recorded.

This represents a death rate of 0.05 per 1,000 of the population, compared with 0.04 for 1967.

The death rate for South Shields from tuberculosis during the past ten years was as follows:

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Respiratory	0.09	0.06	0.09	0.15	0.02	0.07	0.11	0.06	0.04	0.05
Non-respiratory	0.03	-	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00

The following table shows the death rates of neighbouring authorities, from all forms of tuberculosis:

	Respiratory	Non-Respiratory
South Shields C.B.	0.05	0.00
Gateshead C.B.	0.05	0.00
Sunderland C.B.	0.05	0.02
Newcastle upon Tyne C.B.	0.06	0.01
Tynemouth C.B.	0.02	0.01
Durham County	0.03	0.01
Northumberland County	0.01	0.01



## TUBERCULIN TESTING OF SCHOOL ENTRANTS

Routine tuberculin testing of school entrants by means of the Heaf test was continued during the year. A total of 1400 children were tested; 1188 were negative and 178 had a positive reaction. Of the positive reactors, 133 had previously been given B.C.G. and the number of natural conversions was therefore 45. This gives an incidence of positive reactions of 3.5%. All 45 positive reactors were referred to the Chest Clinic for further investigation. No cases of tuberculosis were notified from this group.

### B.C.G. VACCINATION

Details of the programmes are as follows:

No. of children offered tuberculin testing and B.C.G. vaccination.....	1,653
No. of consents received.....	1,492
Percentage of consents.....	90.25%
No. who had previously had B.C.G.....	172
No. tuberculin tested.....	1,418
No. found to be positive (excluding those already vaccinated with B.C.G.).....	12.2%
No. vaccinated with B.C.G.....	1,069
No. x-rayed by mass x-ray.....	152
No. requiring further investigation after mass x-ray	-
No. found to be tuberculous.....	-

All positive reactors were followed up by a health visitor or school nurse and full details of all positive reactors were notified to the family doctor.



## VENEREAL DISEASES

The Venereal Diseases Clinic continued to be held at Stanhope Parade until November, when it was transferred to the new Diagnostic Centre, General Hospital. Colonel B. Levy is the physician in charge and I am indebted to him for the following report:

"I have the honour to submit the following Annual Report for the Special Clinic of South Shields.

"A major event of the year was the transfer of the clinic to the modern department at the new Diagnostic Centre. The new clinic possesses all the desirable facilities necessary for our work and it is my pleasure to congratulate all those concerned in its planning.

"The appointment of clinical assistants to attend on two sessions per week has been of particular value during the year, as owing to the unfortunate death of Dr. McFarlane, the responsibilities of the large clinic in Newcastle were deligated to one and it has been necessary to attend at Newcastle once or twice weekly since September. In addition we have operated a new clinic session on Tuesday mornings.

"The registration of new patients showed a slight increase, but the number of patients suffering from gonorrhoea (98) was 12 less than last year. Thirty-four new patients from South Shields were registered in Newcastle and 28 in Sunderland.

"The total number of attendances at the clinic increased from 1,989 to 2,086 but the number of females included in this number was 32 less than the corresponding number last year.

"I have included this year a table giving the age groups of patients infected with gonorrhoea to allow ready assessment of the incidence of this disease occurring in young people.

**"Syphilis** - Seven patients suffering from this disease in the early infectious stage were treated. There was only one case last year and I hope the increase is not an indication that this serious disease will become more prevalent.

"The number of seamen increased from 175 to 204 and more were infected with gonorrhoea and syphilis.

"Three babies were sent for examination prior to adoption.

"The report includes a summary of the work undertaken by the part-time health visitor to the clinic.

"In conclusion, I wish to acknowledge the valuable help provided by the Laboratory services of South Shields General Hospital, Sunderland Royal Infirmary and the Public Health Laboratory, Newcastle General Hospital".

The following table shows in detail new cases dealt with at the South Shields Clinic for the first time during each of the past ten years:-

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Syphilis	13	8	19	15	17	9	13	13	12	15
Gonorrhoea	54	64	127	119	108	71	43	84	110	98
Others	194	195	245	354	347	329	300	327	396	414
	328	260	391	488	472	409	355	424	518	527

#### TOTAL ATTENDANCES

Year	Total	Male	Female
1959	2713	1313	1400
1960	2323	1331	992
1961	2458	1561	897
1962	3175	2081	1094
1963	2948	2024	924
1964	2615	1849	766
1965	1736	1288	488
1966	1830	1306	524
1967	1989	1347	642
1968	2086	1476	610



SOUTH SHIELDS CASES UNDER TREATMENT AT OTHER CENTRES

	New Cases	Total Attendances
Newcastle.....	34	111
Sunderland.....	28	63

GONORRHOEA UNDER AGE GROUPS

	16 & 17	18 & 19	20 - 24	25 & over	Total
Male	1	8	33	33	75
Female	1	1	11	10	23
Total	2	9	44	43	98

TOTAL MERCHANT NAVY ATTENDANCES

	Syphilis	Gonorrhoea	Urethritis	N.V.T.	N.V.D.	Trans. In.
U.K.	1	16	23	23	66	4
Europe	2	13	11	5	14	4
Asia	1	4	1	3	2	1
Med.	1	-	-	1	-	-
Africa	-	3	-	1	1	-
West Indies	-	-	-	-	-	-
Other	-	-	-	-	-	2
Total	5	37	35	33	85	9

REPORT ON CONTACT TRACINGVisits.

11 visits were made to Syphilis patients.  
 34 visits were made to Gonorrhoea patients.  
 2 visits were made to non V.D. patients.  
 18 visits were made to contacts.

Visits to Contacts.

16 visits were made to 7 contacts named by patients attending the clinic and being treated for gonorrhoea. 2 were found to be infected and received treatment. 3 were



Non V.D. and 1 had left the district - address unknown.  
 1 refused to attend.  
 2 visits were made to a contact of primary syphilis who  
 was also found to have syphilis.

**Contact Slips.**            58 were issued.

1 patient reported with syphilis.  
 19 patients reported with gonorrhoea.  
 33 patients were Non V.D.  
 5 were not traced due to insufficient  
 information.

**Default.**

Males: 32 completed surveillance  
          8 defaulted after treatment.  
          11 defaulted after 1 month.  
          4 defaulted after 2 months.  
          20 were transferred out (all seamen)

Females: 4 completed surveillance.  
          8 defaulted after treatment.  
          7 defaulted after 1 month  
          2 defaulted after 2 months  
          1 was transferred out  
          1 undergoing treatment.

28 letters were sent to these defaulters  
 20 were visited.  
 1 female was followed up through husband.

**Part IV****SERVICES UNDER THE NATIONAL ASSISTANCE  
AND RELATED ACTS****Residential Accommodation**

**National Assistance Act, 1948, Section 47**

**National Assistance (Amendment) Act, 1951**

**Domiciliary Services for Elderly Persons**

**Welfare of Blind Persons**

**Welfare of Handicapped Persons**

## WELFARE SERVICES

The following is an account of the work of the welfare services during the year ended 31st December, 1968:

### Residential Accommodation.

The total number of places provided in residential accommodation was 270. Because of the present economic situation, the Department of Health and Social Security have not been able to accept our proposal for a new residential home in the Woodbine Street area, which is intended to replace one or more of the smaller homes.

The residential accommodation provided at the end of 1968 was as follows:

	No. of Places
<i>ROCKENIFFE</i>	<i>22</i>
St. Thomas' House.....	15
Simonside Lodge.....	17
Charles Smith House.....	22 <i>34</i>
50 Lawe Road.....	39 <i>17</i>
257 Stanhope Road.....	18
No. 1 Westholme.....	17
No. 2 Westholme.....	17
No. 3 Westholme.....	17
74 Beach Road.....	19
Whiteleas Hostel.....	30
Wenlock Lodge.....	42
	270

During the year, a total of 96 were admitted to residential accommodation, 41 male, 55 female. At the end of 1968, the average age of residents was male 77 years, female 80 years, as compared with 77 years and 78 years respectively for 1967. Further details are as follows:



<u>Age Groups</u>	<u>Male</u>	<u>Female</u>
Under 65	5	9
65 - 70	15	7
71 - 75	22	19
76 - 80	25	25
81 - 85	19	34
86 - 90	14	30
91 - 95	6	13
96 - 100	-	1
	<u>106</u>	<u>138</u>

During the year, we continued to admit elderly persons to the residential homes for short periods. This enables relatives to enjoy a holiday free from worries and although we are limited to the number of vacancies in the homes, it is a service which we would hope to expand.

Exchange holidays with residents in the care of Durham County Council and Darlington County Borough were arranged on a "knock for knock" basis, at no extra cost to the authorities concerned, apart from the pooling requirements of transport.

The care of the elderly residents in the homes presents considerable difficulties since an increasing proportion of them require more intensive care than is normally expected in such accommodation. This situation inevitably arises, due to the high level of chronic illness, both physical and mental, in those of advanced age and, consequently, a constant and close liaison with the hospital and general practitioner service is essential. I am pleased to say that co-operation with local hospitals and family doctors has always been very satisfactory and I am particularly indebted to Dr. N. A. Nicholls and Dr. N. Strang of the General Hospital for their valuable help and understanding. Case conferences are held at regular intervals, in order that agreement can be reached on the appropriate action to be taken to meet the individual resident's requirements.

**National Assistance Act, 1948 - Section 47**  
**and National Assistance (Amendment)**  
**Act, 1951**

I have to report that it was again not found necessary to use these powers during the year.

**Temporary Accommodation.**

During 1968, the Council gave consideration to the provision of temporary accommodation for families who, for one reason or another, were rendered homeless. Four houses were given to the department for this purpose and the demand has greatly exceeded the supply; each allocation requires a close scrutiny of priorities, many of which are marginal and a waiting list soon developed but the criterion is need rather than position on a waiting list. The intention is that each family would be housed for a period of 13 weeks, although this can be extended in special circumstances.

A close liaison is maintained with the Department of Health and Social Security, the Housing and Children's Departments and with other statutory and voluntary social agencies. The case workers co-ordinate the joint efforts of these other agencies to the advantage of the families and individuals concerned. Many of the pressures are financial, such as commitment to hire purchase, inability to meet gas and electricity bills and the ever present problem of rent arrears; approaches are made on behalf of the families concerned to the various boards, estate agencies, etc., and budgetary control or advice is given.

**Domiciliary Services for the Elderly.**

The policy of the Authority in encouraging elderly persons to live independently in their own homes, or with relatives, was continued. A register of elderly persons in



need is kept in the department, in which is recorded the assessment of an individual's needs and the number of aged persons on this register at the end of the year was 6,833. This register is invaluable to the various sections of the domiciliary services as a source of reference and close co-operation is maintained with the Department of Health and Social Security, who have continued to issue a pre-paid postcard from this Authority to every person reaching pensionable age. The social work staff made a total of 5,801 visits to elderly persons in their own homes.

### Meals Services.

(a) Three vehicles are used to provide a meals on wheels service. One is manned by the W.R.V.S. personnel and the other two by the department's staff. One of the department's vehicles was replaced in 1968. The total number shows a decrease of 1,965 compared with the previous year.

(b) Mid-day meals were also provided to elderly persons able to attend a residential home in their locality. Details of the number of meals provided at the various homes are as follows:

	<u>1967</u>	<u>1968</u>
Wenlock Lodge.....	4,522	4,823
Rockcliffe.....	3,264	3,167
257 Stanhope Road.....	2,251	1,554
50 Lawe Road.....	777	869
Charles Smith House.....	2,182	2,068
St. Thomas' House.....	1,009	941
Whitleas hostel.....	1,236	929
74 Beach Road.....	437	428
	<u>15,678</u>	<u>14,779</u>

This shows a decrease of 899 meals provided, compared with the previous year.

(a) The popularity of the luncheon clubs continued during 1968. In addition to the meal, these clubs provide an opportunity for members with interests in common to



meet. Ten clubs were operating at the end of the year and the Committee will continue to expand this worthwhile service, as necessary.

The total number of meals provided by this service during 1968 was 18,280, compared with 14,055 in 1967.

### **Elderly Work Centres.**

This centre operated at 16 Barrington Street until September, 1968, and approximately 16 - 20 pensioners attended the centre regularly. They are able to make goods for sale and out work for local firms and factories. It keeps the elderly persons fit and active and is a means of meeting as a group.

The centre was transferred to the new John Wright Centre in September, 1968.

### **Warning Lights.**

At the end of 1968, 81 self-contained battery warning lights were in use in elderly persons' homes throughout the town.

### **Warden Scheme.**

The warden service introduced in The Lonnen area in 1967 proved very successful and an additional warden was appointed in December, 1968. The wardens exercise a friendly oversight of approximately 340 elderly persons in their own homes and, when necessary, contact the various agencies concerned. This scheme is so successful that it is hoped to expand it to other areas of the town in due course.

### **Holidays.**

During 1968, 34 elderly persons enjoyed a holiday at Blackpool, which is popular for this type of holiday. In addition, a number of elderly persons spent a holiday in a caravan in the Lake District, whilst residents from

the welfare homes participated in exchange holidays with residents in hostels in the Darlington and Durham County areas.

## WELFARE OF BLIND PERSONS

### Incidence of Blindness.

No. of persons examined in 1968.....	41
No. certified as blind.....	18
No. certified as partially sighted.....	10
No. not certified as blind or partially sighted	13
Total No. of blind persons on register at 31st December 1968.....	351
Total No. of forms B.D.8 submitted in 1968.....	41

Treatment (medical, surgical or optical) of those persons registered as blind in 1968.

(i) Where no treatment recommended

No. of cataract cases.....	2
No. of glaucoma cases.....	-
Others.....	1

(ii) Where treatment recommended but inadvisable

No. of cataract cases.....	-
No. of glaucoma cases.....	-
Others.....	-

(iii) Where treatment recommended

No. of cataract cases.....	8
No. of glaucoma cases.....	2
Others.....	5

(iv) Where treatment has been received (or follow-up action)

No. of cataract cases.....	5
No. of glaucoma cases.....	2
Others.....	4

The total numbers of registered blind persons as at 31st December, 1968, was 351, details of which are as follows:

Age (Years)	Males	Females	Total
0 - 4	-	-	-
5 - 10	1	-	1
11 - 15	-	1	1
16 - 20	-	1	1
21 - 29	2	1	3
30 - 39	4	2	6
40 - 49	10	14	24
50 - 59	24	19	43
60 - 64	19	14	33
65 - 69	16	24	40
70 - 79	36	78	114
80 - 84	12	34	46
85 - 89	5	26	31
90 and over	1	7	8
	130	221	351

Over 65% registered blind persons are aged 65 or over and 56% are 70 years of age and over, compared with 65% and 54% respectively for 1967.

### Treatment

#### Follow-up of Registered Blind Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) No. of cases registered during 1968 in respect of Section F1 which Para. 7(e) of Form B.D.8. recommends:				
(a) no treatment	2	-	-	1
(b) Treatment (medical, surgical or optical)	8	2	-	5
(c) Treatment inadvisable	-	-	-	-
(ii) No. of cases at (i) (b) above which on follow-up have received treatment	7	2	-	4



In September, 1968, all the activities carried on at the premises of the South Shields Institute for the Blind, 1 Wood Terrace, were transferred to the John Wright Centre. The change over was much appreciated by the older blind people, who were delighted at the absence of stairs. Quite a good attendance was registered at the handicraft class on Tuesday afternoons and the social gatherings on Thursday afternoons. A small braille and typewriting class was commenced on Thursday mornings at the Centre. The younger blind persons took to the change less readily but as time passed, they became more used to the facilities and accepted the new situation.

The South Shields Society for the Blind continues to supply, free of charge to blind and partially-sighted persons, aids and special items recommended by the Home Teachers and has also assisted in instances where other funds are not available, e.g. paying taxi fares to transport blind persons across large town when proceeding on holiday; meeting the cost of repairing B.W.B.F. Wireless sets and braille watches.

During the year under review, running repairs to Talking Books were carried out by voluntary workers with some knowledge of electronics but the number of these workers has been decreasing.

Close contact is kept between the examining ophthalmic surgeon and the Home Teachers. The latter attending each examination in order to have the opportunity of discussing details of the case at the outset.

### **Wireless and Talking Books.**

All blind person can obtain a free wireless receiving licence and wireless sets are available from the British Wireless for the Blind Fund or the Rediffusion service is granted at a concessionary rate. The present yearly charge for the use of a Talking Book Machine is £3, £2 of which is met by the local authority.

## **Handicraft Classes.**

Classes are held weekly under the supervision of the home teachers and an average of 21 blind persons attend regularly. These classes were held in the Institute for the Blind at 1 Wood Terrace but were later transferred to the John Wright Centre. The department's special coach conveys them to and from the Centre.

## **Welfare of Deaf Persons.**

The welfare of deaf persons is undertaken by the Northumberland and Durham Mission to the Deaf and Dumb on an agency basis. Their missionary lives in the town and the Department works in close co-operation with him to ensure that all deaf persons can receive whatever services are required. They too attend the John Wright Centre for Social Functions.

## **Hard of Hearing.**

The South Shields Hard of Hearing Fellowship is a well organised group and the Authority makes an annual grant to assist them in their activities. The Club is affiliated to the North Eastern League of the Hard of Hearing and now meets regularly in the John Wright Centre.

## **THE JOHN WRIGHT CENTRE FOR THE HANDICAPPED**

In 1962, the welfare authority concluded that a new comprehensive centre was needed for all categories of handicapped persons. Facilities for the handicapped over the years had been provided in a variety of premises throughout the town and it was felt the provision of this new centre in the central area of the town would enable the best possible facilities to be made available to all groups of disabled persons and it would also enable a number of elderly people to follow the kind of activity which is provided in a work centre. A centre of this type



would also make available a number of social conveniences for the handicapped, for example library, refreshments, games, entertainments and other social activities.

The building was commenced in January, 1967, completed and handed over to the department in April, 1968. The architectural design and quantity surveying work was carried out by the Borough Engineer's staff and the cost of the building, including furniture, was £118,500.

As a tribute to the achievement of the Welfare Committee and in particular to the long distinguished service of its former Chairman, Alderman John E. Wright, for handicapped people in South Shields, the Council decided in March, 1968, to name the centre "The John Wright Centre".

This project is a social service advance of major importance and experience at this early stage is showing that the concentration of facilities for the handicapped in one building is providing a significant focal point for voluntary effort and community interest.

It is gratifying to record the generosity of individuals and organisations in the town for gifts of furniture and equipment which they presented to the John Wright Centre.

Arrangements were made for the official opening of the centre to take place early in January, 1969, by Mr. Julian W. Snow, M.P., Parliamentary Under Secretary of State, Department of Health and Social Security.

### **Technical Description.**

The location of the building is within the group of Civic Buildings to be provided in the Woodbine Street Redevelopment Area.

The Centre is the first of the group to be completed and the main pedestrian entrance and shop are entered from the public walkway and shopping precinct which lead to Ocean Road. The walkway is linked to the parkway of the redeveloped area which runs from East to West and which was established to provide landscape amenity through the development.



The need for all services to be provided at ground floor level with easy access to all parts of the building for people in wheelchairs, was one of the main design criteria. Handrails are provided in circulation areas to aid the blind.

Those who are brought to the Centre by vehicle, e.g. specially adapted buses to transport wheelchairs, arrive by the service road, where they enter the building from an area which is covered by a large canopy, adjacent to which is a parking area for invalid carriages.

Inside the main entrance is a foyer with reception office. To the left of the entrance is the waiting area off which are three offices for staff. Adjacent to the office suite is a beauty preparation room, bathroom shower and toilets as well as a utility room which can be used for laundry purposes.

Leading from the waiting area is the recreation wing, comprising, firstly, a large kitchen which can be used for both educational and social purposes; a serving counter gives access to the buffet area adjacent to which are, secondly, the library/sitting room, chapel and television room. Thirdly, the games room is separated from the quieter recreation rooms by a corridor.

To the right of the main entrance are the cloakrooms, toilets and first aid room and from the corridor direct access is gained to the main hall of the building which can be used for a variety of occupational purposes and for all social occasions which the occupants of the Centre may require.

The stage, with full lighting, is adequate for any theatrical productions which may be part of the curriculum and may be approached by stairs or ramp. The green room is behind the stage.

Microphones are provided in the hall and a loop induction system in the floor enables the hard of hearing to receive speech and music by means of special hearing aid appliances.

The building is arranged around a central garden court, which helps to create a light and pleasant open atmosphere in the centre of the building. This garden

court can be approached from the main hall and occupation room, buffet area and main concourse.

The building is heated from a central boiler house, which will, in time, also provide heat to the proposed health centre and aged persons' hostel.

The caretaker has a private entrance to his first floor level flat.

## **WELFARE OF HANDICAPPED PERSONS**

The register of all physically handicapped persons (other than the blind and deaf) desirous of taking the advantage of the many services available to them is maintained by the department. The maintenance of the register is a statutory requirement and the number of disabled people on the register at the end of 1967 was 519. As far as possible, the registered disabled are visited by officers of the department who are always willing to give advice and mobilise available services.

### **Adaptations and Personal Aids.**

The planning of structural alterations in the homes of disabled persons to meet individual needs and the provision of personal aids has been an important part of the scheme of welfare services. The basic purpose of this is to assist independence and mobility and the social workers visit the homes of disabled persons and made recommendations to meet individual needs. During 1968, adaptations were carried out at the homes of 13 handicapped person, at a total cost of £676.

### **Handicraft Classes.**

Handicraft services for the physically handicapped, in the earlier part of the year, continued to be held in



the Prince Edward Road Youth Centre for a number of sessions each week. These sessions were later transferred to the John Wright Centre and regular sessions with fully trained instructional staff are held on a regular basis. Transport to and from the centre is provided for those cases needing it. A wide variety of handicraft work is done and periodic sales of work are held.

In addition, the department's instructional staff visit a number of handicapped persons in their own homes to give tuition in handicrafts and to provide these patients with some remunerative employment.

### **Holidays.**

Holidays are provided for disabled persons each year and places are allocated to those considered to be in greatest need. A group of 36 disabled persons had a one week holiday in Blackpool.

In addition, a holiday caravan presented to the Welfare Committee by the Rotary Club of South Shields in 1963, is situated at Keswick and is equipped with special fittings for handicapped persons. This has proved very popular and each year the caravan is fully booked from May to September; it is available on the recommendation of the social workers for disabled people for periods not exceeding two weeks.

### **Car Badges for Disabled Persons.**

Identification badges are available for issue to all disabled drivers, whose handicap results in restricted mobility and the Borough Police exercise every courtesy and discretion in allowing parking as near as possible to the disabled driver's destination.



**Part V**

**MISCELLANEOUS**

**Medical Examinations.**

**Re-organisation of Administration.**

## MEDICAL EXAMINATION FOR THE PURPOSE OF SUPERANNUATION AND SICK PAY SCHEMES

The following table shows the number of medical questionnaires received and medical examinations carried out during 1968 by the medical staff of the Health and Welfare Department:

Categories	1968	
	Male	Female
For other departments within the local authority	Q 238 M 14	168 15
Health and Welfare Department.....	Q 16 M 1	35 4
Teacher and Teacher Candidates.....	M 207	94
Special examinations.....	M 95	10
Examinations for other authorities.....	M 15	7

(Q - Medical Questionnaires)

(M - Medical Examinations)

## REORGANISATION OF ADMINISTRATIVE AND CLERICAL SERVICES

In 1965, the health and welfare functions of the Council were amalgamated under my general control and in 1967, it was decided that there should be an organisation and methods survey of the administration of the combined department, with a view to achieving full integration of the common services within it. That part of the survey which related to the social service activities was undertaken in 1967 and full details were given in my Annual Report for that year.

The study of the organisation of the administrative services was completed in 1968 and its objective was to complete the amalgamation of the two sections of the

department by:

- (a) the provision, where appropriate, of strong and effective common services, and
- (b) the provision, within the department, of adequate records to use as a basis of positive planning and control of the various services.

A detailed review of the documentation throughout the department was carried out and appropriate comprehensive forms were designed, incorporating all the information previously collated in various section of the department. This avoids duplication and better information is now available in a more systematic manner. To complete the new system of records, it was decided to establish a Centralised Records Section which is now being developed.

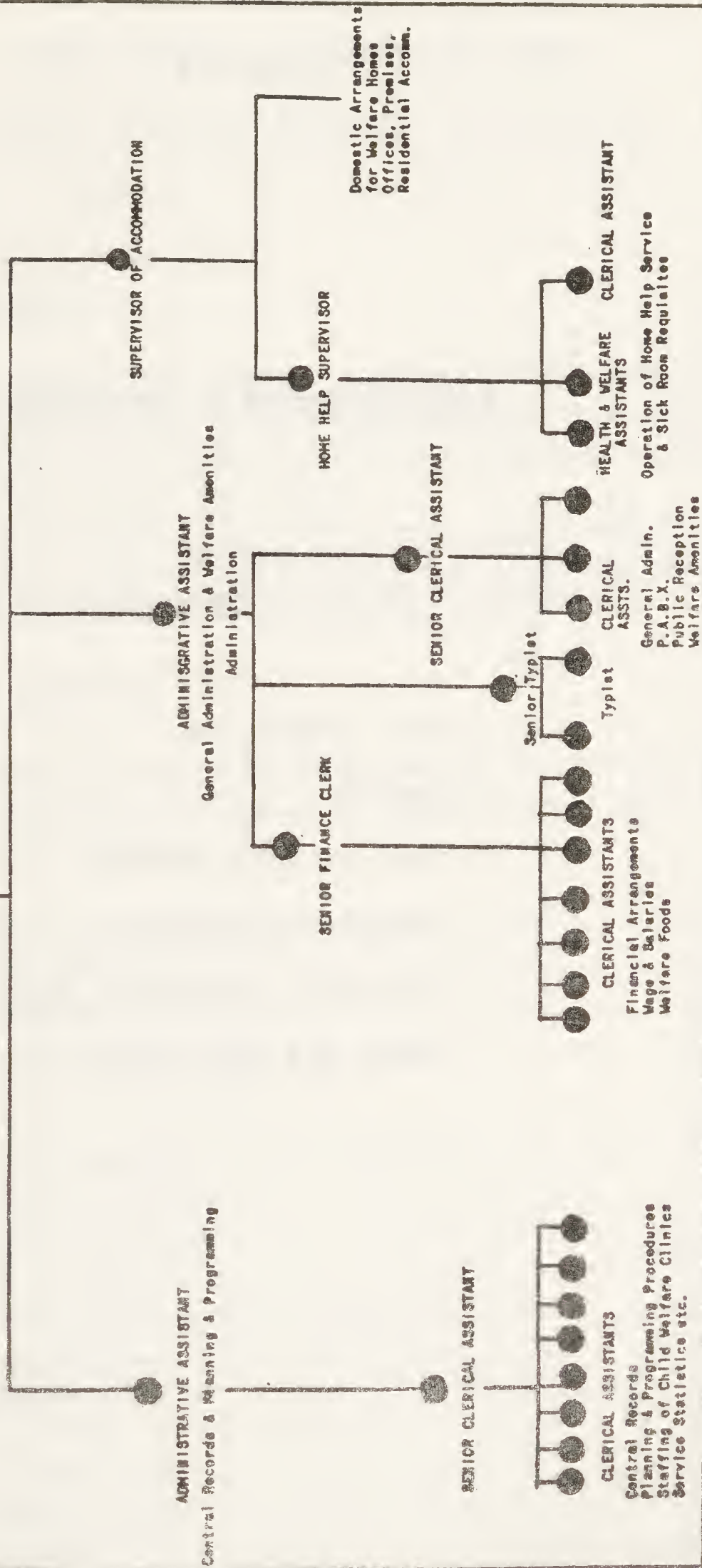
To ensure effective planning and control of the health and social services, it was decided to create a planning and programming service and establish it in the central records section. This section will provide readily the statistics required locally and nationally, and at the same time the planning service will be concerned with correct information about volume of work done, staff availability and premises availability. This necessitates full co-operation with the professional heads of sections to determine priorities and to ensure that the work is done at the pre-determined time.

The staffing arrangements necessary to establish this revision of the administrative and clerical services were adjusted accordingly and on page 103 is shown the chart which details the new staffing structure.



COUNTY BOROUGH OF SOUTH SHIELDS  
HEALTH & WELFARE DEPT.,  
GENERAL ADMINISTRATION - STAFFING CHART

SENIOR OFFICER FOR ADMINISTRATION



**Part VI**

**ENVIRONMENTAL HYGIENE**

**Report of the Chief Public Health Inspector.**

**Water Supply etc.**

**Housing.**

**Food and Drugs Control.**

**Atmospheric Pollution.**

**Provision of Factories Acts.**

**Rodent and Pest Control.**

# THE ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

MR. R. V. ROBINSON, D.M.A., F.A.P.H.I., M.R.S.H.

## Water Supply.

An adequate and constant supply of chlorinated water is provided by the Sunderland and South Shields Water Company and chemical and bacteriological reports show the water to be wholesome.

All the houses in the town have a piped supply though a few still remain in scheduled clearance areas which are served only by a standpipe in the yard.

## Chemical Quality.

Six samples have been taken during the year for full analysis and the following is a typical result expressed in parts per million.

Alkalinity ( $\text{CaCO}_3$ ).....	17.2
Chlorides (Cl).....	15.0
Ammoniacal Nitrogen.....	0.16
Albuminoid Nitrogen.....	0.048
Nitrite as Nitrogen.....	NIL
Nitrate as Nitrogen.....	0.2
Oxygen Absorbed (3 hrs. at $37^\circ\text{C}$ ).....	0.84
Temporary Hardness.....	17.2
Permanent Hardness.....	40.4
Total Hardness.....	57.6
Total Solids (dried at $180^\circ\text{C}$ ).....	104.0
Calcium (Ca).....	18.4
Magnesium (Mg).....	2.9
Iron (Fe).....	0.08
Maganese (Mn).....	NIL
Carbonate ( $\text{CO}_3$ ).....	10.3
Sulphate ( $\text{SO}_4$ ).....	29.0



Silica (Si O <sub>2</sub> ).....	3.5
Free Chlorine.....	0.1
Colour (Hazen).....	5°.0
p.H.....	7.5

Two samples of water were specially considered for lead content and for this purpose the samples were of water which had stood overnight in the pipes. Both were reported satisfactory.

Four complaints were received about discolouration of the water supply, which was in fact caused by small particles of rust in each case, and three complaints about abnormal smell or taste or both. The supply was found to be bacteriologically satisfactory in each case and chemically satisfactory except for the discoloration. Flushing of the pipes by the Water Company resolved each of the problems.

### **Fluoride Content.**

The natural fluoride content of the water supply remains at 0.5 parts per million, the level for the past few years.

As mentioned in my report last year arrangements have been made with the Water Company for the addition of further fluoride to the supply to raise the level to the optimum figure of 1.0 parts per million; this was incidentally the naturally occurring level in the South Shields supply prior to about 1955.

The arrangement followed the decisions of the three Health Authorities served by the Sunderland and South Shields Water Company to approve the additional fluoridation. It has not yet been put into effect however and the future position is now uncertain because of a change of view on the part of Sunderland County Borough Council as to the desirability of the process.

### **Bacteriological Quality.**

One hundred and nine samples of water were taken for

bacteriological examination from houses in different parts of the town and all except one were found to be satisfactory. The exception was reported to contain a few coliform organisms. The section of the water main affected was subsequently flushed out and further check samples gave satisfactory results.

### **Drainage and Sewage Disposal.**

A combined system of sewerage is used in the Borough with soil and surface water being discharged to the River Tyne and the sea. The Tyneside Joint Sewerage Board however, has adopted plans for the treatment of sewage from its twenty constituent districts at a central point but inevitably it will be some years before these become effective.

Subsidence resulting from coal mining operations has led to considerable damage to house drains in some areas and nearly four hundred drains have been tested at the request of householders, builders and the National Coal Board where defects have been suspected. Though this involvement has called for considerable effort which has fully extended the staff available for the purpose it is felt that it has been of benefit to all concerned as well as being a necessary public health measure.

### **Swimming Baths.**

In addition to one public swimming bath in the Borough there are six school learner pools in regular use.

All the pools are visited at frequent intervals and in order to ensure the maintenance of satisfactory water quality, the chlorine residual, p.H and alkalinity of the pool water are regularly checked and samples submitted for bacteriological examination. Ninety-one visits and inspections were made during the year and one hundred and eighty samples of water were examined. In four instances unsatisfactory sample results were obtained but all were associated with minor operational breakdowns of the plants which were remedied without difficulty as soon



as they became known.

### **Pet Animals Act, 1951.**

Six licences were granted during the year for premises and market stalls to be used for the sale of pets. Five licences were renewals (three shops and two stalls) whilst the sixth application was from a new stallholder.

Eleven inspections were carried out and no serious contraventions were reported.

### **Rag, Flock and other Filling Materials Act, 1951.**

One firm in the Borough remained registered for the use of specified filling materials in bedding and upholstery. The business is well conducted and two samples of filling material were tested and found to be satisfactory. The premises occupied by this firm were affected by clearance area proposals and towards the end of the year the upholstery business was run down and the building was demolished.

### **Fertilisers and Feeding Stuffs Act, 1926.**

Seven samples of fertilisers were taken informally during the year out of which three were reported as unsatisfactory. The details of these are shown below together with a brief note on the reasons for the failure and the action taken.

1. Bonemeal - contained an amount of phosphoric acid in excess of the amount declared and in excess of the variation permitted.

The importers were able to show that the consignment as a whole had been satisfactory and that the discrepancy must have arisen in breaking down the bulk supply into smaller quantities for supply to the retailer. The retailer in consequence decided to change his method of trading to prepackaged supplies.



2. Squaremeal - was reported to contain less than the declared amount of nitrogen by more than the permitted variation.

Small quantities were again involved. The Wholesaler was able to satisfy the Council that the remainder of his bulk stocks were satisfactory and the retailers remaining stock was exchanged for a fresh supply.

3. Rose Fertiliser - was reported to contain amounts of soluble and insoluble phosphoric acid which did not correspond with the declared particulars. The retailer in this instance admitted to an error in labelling with the statutory particulars.

Cautions were issued in respect of all three contraventions.

### **Pharmacy and Poisons Act, 1933.**

There were twenty six premises included in the local authority's list at the end of the year as being premises from which Part II poisons were sold. Four new applications were received during the year and four other sellers ceased to sell products which previously necessitated their inclusion in the test.

All the premises were inspected once during the year when conditions found were generally satisfactory.

### **OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963.**

The programme for the year in this field of work began slowly but gained in impetus as the year progressed and as an acutely unsatisfactory staff situation was remedied. At the beginning of the year only one inspector could be spared for these duties which he was combining with the inspection of food premises and all other food and drugs work together with local authority responsibilities under the Factories Act. The staff of this section

was built up over the year however and the tempo of work in the latter half of the year was more satisfactory.

By the end of the year all premises registered with the local authority had been inspected at least once a systematic programme of re-inspections was in full swing.

Although the year began with 1160 premises on the register this figure was reduced to 1118 at the year end, due largely to the evacuation of business premises in two areas where slum clearance was taking place, together with a number of shop premises falling empty in other parts of the town and not being reoccupied. Fifty-eight new registrations were received, being mostly due to changes of occupier: a process which will inevitably occur each year.

As in previous years there were many requests for interview from persons, mainly employers, wishing for clarification of their obligations under the Act.

Four hundred and twenty inspections of premises and a total of 695 visits were made for all purposes. The inspections resulted in 1181 contraventions being detected and these were notified to occupiers and owners, as appropriate, in 186 notices and 81 letters.

The number of contraventions found in premises not previously inspected averaged approximately eight. The total of contraventions found is less than for the previous year and can be expected to decrease in successive years. Of those the most frequently occurring was lack of cleanliness of workplaces, followed in numerical order by repair and construction of floors, passages and staircases, ventilation of workrooms, fencing of dangerous parts of machines, provision of abstracts, ventilation of rooms or compartments containing staff sanitary accommodation, and provision of handrails to staircases. This order of frequency follows a similar pattern to those of previous years. The initial inspections carried out brought to light the following contraventions most directly concerned with ensuring the safety of employed persons, i.e. fencing of dangerous parts of machinery (82 instances), provision of handrails to staircases (67 instances), unfenced floor opening (38 instances and repair



and construction of floors, passages and stairs (113 instances). This latter figure appears rather high but includes a number of loose, worn or otherwise dangerous floor coverings, stair tread coverings and stair nose cappings.

## Accidents.

Fifty six accidents were notified during the year, fourteen of which were passed to other local authorities in whose areas they occurred, two were forwarded to H.M. Inspector of Factories and five were not required to be notified. In seven instances enquiries were made into the injuries or the cause of the mishap and in three cases the circumstances warranted full investigations, two advisory letters were sent suggesting means whereby the risk of a recurrence could be reduced, one formal warning was issued and one prosecution was successfully taken in a case where blatant disregard on the part of the occupier was established.

As in previous years several of the accidents were of a minor nature and in most cases it would seem that a mixture of negligence, apathy and contempt bred by familiarity are the main obstacles to be overcome. Not all cases were due to the default of the employer and in fact it may be said that in a good proportion of the notified accidents the injured person contributed at least in part to his or her misfortune.

Of the thirty five accidents, fourteen concerned falls of persons, eight being on the same level, one between levels and five on fixed stairs. All reported accidents involving staircases are investigated to ensure that in each case the staircases are adequately maintained, lighted and provided with handrails, and guardrails if open-sided. Four of the incidents involving sprains and wrenches were due to lifting goods but in each case the weights being lifted were considered to be not excessive. No standards are laid down for determining a reasonable weight, but the nearest appropriate information, contained in the Factories Act legislation is used as a guide in



instances of this nature.

Inevitably some accidents can be described as unusual and four such instances are described below.

1. Two youths (both schoolboys working part time) were descending the staircase in a supermarket when one sustained a back injury requiring 10 stitches. This was caused by the point of a sharp paring knife carried in the breast pocket of the other person's overall. It appears that the injured boy had fallen backwards onto the point of the knife projecting from the other boy's pocket. The knife was one issued by the employing firm for use in the shop. There were no witnesses to the accident. The potential hazards involved in the indiscriminate carrying of knives in this way was brought to the attention of the firm in subsequent correspondence and an assurance was received that this practice would be actively prohibited throughout their various branches.
2. A trainee manager injured the fingers of one hand in a vee belt drive to an electrically driven baling press. The press was in use at the time and was being operated by a junior employee, whilst the trainee manager was describing to a third person how he had successfully adjusted the tension of the belt. He had removed the guard in order to effect this adjustment but had neglected to replace it afterwards. In the course of describing his adjustment of the machine his fingers were caught between the pulley and the belt, resulting in injury. The employers were technically at fault and a letter of censure was sent to the firm. More stringent action was not taken in this case as it appeared that the employee himself contributed to some extent to the injuries he sustained, and although his 'tinkering' may have been well-intentioned it was in contravention of a printed notice on the machine stating that all adjustments should be done by a named specialist firm.
3. A delivery salesman, whilst on premises to which he was delivering goods, caught his hand in the top of a belt conveyor, occasioning considerable injury to two fingers. The occupier of the shop premises had previously been

notified of the need for fencing of the dangerous parts of this conveyor but had not carried out any remedial works. Legal proceedings were taken against the firm and a fine imposed.

4. An employee in a restaurant kitchen was using a manually operated meat mincing machine when, in the course of 'prodding' the last pieces of meat into the mouth of mincer she caught the tip of one finger in the worm drive. As she herself was turning the operating handle she was able to stop almost immediately, so preventing more serious injury. Being non-powered, this mincer did not come within the classification of a Prescribed Dangerous Machine and the operator was quite familiar - it might almost be said 'too familiar' - with the operation of this appliance.

Table A classifies the types of injury sustained in all thirty five notified accidents, the causation and the types of premises on which they occurred.

### Analysis of reported accidents by type of Injury.

	Boys	Men	Girls	Women	Total
Burns & scalds.....	-	-	1	-	1
Broken bones.....	-	3	-	3	6
Sprains & Strains.....	-	2	3	8	13
Bruising.....	-	-	1	5	6
Cuts.....	2	2	1	2	7
Amputation.....	-	-	-	1	1
Other.....	-	-	-	1	1
	2	7	6	20	35

### Analysis of reported accidents by causation.

	Boys	Men	Girls	Women	Total
Struck by falling object..	-	1	-	2	3
Machinery (powered).....	-	1	-	1	2
Machinery (non-powered)....	-	-	-	1	1
Falls one level to another	-	1	-	-	1
Fall on fixed stairs.....	1	1	2	1	5
Falls on same level.....	-	-	2	6	8
Stepping on/striking against object.....	-	1	-	1	2
Handling goods.....	1	1	2	4	8
Hand tools.....	-	-	-	1	1
Others.....	1	-	-	3	4
	2	7	6	20	35



Analysis of reported accidents by type of premises

	Boys	Men	Girls	Women	Total
Office.....	-	-	-	2	2
Retail Shop.....	2	4	6	11	23
Wholesale Depts & warehouses	-	1	-	-	1
Catering Establishments.....	-	2	-	6	8
Canteens.....	-	-	-	1	1
Fuel Storage Depots.....	-	-	-	-	-
	2	7	6	20	35

Factories.

1. Inspections for purposes of provisions as to health.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which sections 1,2,3,4, & 6 are to be enforced by local authorities....	23	3	1	-
Factories not included in (1) where section 7 is enforced by Local Authority.....	327	44	14	-
Other premises in which section 7 is enforced by Local Authorities..	28	2	2	-
	378	49	17	-



## 2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				No. of Prosecutions Instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temp. (S.3)	-	-	-	-	-
Inadequate Ventilation (S.4)	2	-	-	-	-
Ineffective Drainage of Floor (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	2	-	-	-	-
(b) Unsuitable or defective	30	25	-	3	-
(c) Not separate for Sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outworkers	-	-	-	-	-
Total	34	25	-	3	-

**Outworkers.**

Four outworkers were notified during the year, all connected with the clothing trade, and inspections of the homes concerned showed them to be generally satisfactory and that the carrying out of the work there involved no risk to the health of the occupants.

**Food and Drugs Control.**

A great deal is heard these days about consumer protection but it is not always realised that food and drugs legislation has provided much cover in this field

for many years.

To ensure that the purchasing public receive pure wholesome food control is exercised over the whole range of production or manufacture, distribution and retailing. Premises and personnel must satisfy strict standards of hygiene, and foodstuffs and drugs must conform with the many and various requirements relating to fitness for consumption, composition, preservations, colouring and other additives and labelling.

In this age much of our food necessarily must be processed or preserved or packaged at or near the source of supply, and is received by the consumer in convenience form. It is therefore of considerable importance that careful control should be exercised over the composition of processed foods, the nature and quantity of the various additives and the hygiene of production and distribution. It is equally necessary that labelling requirements be complied with to ensure that the customer can be fully aware of the ingredients and their proportions in composite foods for which no legal standard has been prescribed.

This involves the inspection of food manufacturing, storage and retail premises and of transport vehicles; the registration or licensing of premises where certain specified activities are carried on; the inspection of foodstuffs either in a comprehensive manner, for example the carcase of every animal slaughtered for human consumption is subjected to detailed examination or on a more selective basis as in the case of spot checks carried out during the inspection of food premises, and by selective sampling for chemical analysis and bacteriological investigation.

### **Sampling for Chemical Analysis.**

A total of 187 samples of all descriptions were submitted for analysis during the year and 12 were found to be unsatisfactory. Further information in respect of the unsatisfactory samples is given below:



<u>Ref. No.</u>	<u>Article</u>	<u>Remarks</u>
1.	Tinned Pineapple	Informal - was found to contain foreign matter consisting of small sugar grain size fragments in the syrup - These were identified as small yeast spores together with mould filaments - The wholesaler changed the stocks held - No further action taken.
6	Butter Beans	Formal - sample of butter beans reported to be covered with a silicious material rendering them unfit for human consumption.  This powder was apparently introduced as a protection to prevent damage by insect pests during shipment to this country. Letter of caution sent to retailers and packers advising them to cleanse the beans before packing or alternatively labelling of packs to indicate presence of chemical. All retail stocks withdrawn and packs subsequently labelled.
10	Pork Sausage)	Informal - These three samples all from different sources were reported low in meat content having regard to new legal standards coming into force on 1st April, 1969.  Advisory letter sent to producer and retailers drawing attention to new requirements.
11	Pork Sausage)	
12	Pork Sausage)	
18	Swiss Pate	Informal - was reported to be unfit owing to mould growth. The Council decided that a letter of warning would meet the case.
24	Double cream	Informal - was reported as 1.05% deficient in fat content. This sample was followed by a formal sample - see sample number 30 below.
30	Double cream	Formal - reported as 1.26% deficient in fat content. In view of producers previous good record the Council considered that a warning would be sufficient.
50	Fish cakes	Informal - was reported as 19.04% deficient in fish content but a subsequent formal sample was found to be satisfactory.



<u>Ref. No.</u>	<u>Article</u>	<u>Remarks</u>
73	Channel Island Milk	Informal - was reported to be 0.05% below the minimum fat content but a subsequent formal fat content of 4%. Subsequent formal samples were found to be satisfactory.
93	Sugar Strands	Informal - was reported to contain a non-permitted colouring substance - The manufacturer was advised and all stocks were replaced.  Subsequent samples proved to be satisfactory.
170	Cheese	Informal - was reported to contain 48.4% of moisture, an excess of 2.4% on the 46% permitted by the regulations. A follow-up formal sample was taken and a satisfactory report received.

### **Food Hygiene.**

The surveillance of food premises of all descriptions continued to occupy a lot of inspectors' time during the year although the frequency of inspection was still a long way short of that which is desired. With the staff position improved during the year it was possible during the latter few months to give more attention to this aspect and 471 inspections were made of which 66 were in respect of stalls and mobile shops. With about 1,000 food premises of all kinds and over 500 stalls and vehicles it is felt that the frequency of inspections desirable should result in about 4,000 visits a year.

During the course of these inspections every effort is made to advise and inculcate good standards of food hygiene as well as to criticise and note contraventions of legal requirements. 269 contraventions were found in 58 premises and mostly remedied without need for further action. In four instances the Council considered the conditions were such as to justify the institution of legal proceedings with the results shown below. In another instance relating to two tricycles from which

"hot dogs" were sold legal proceedings were proposed but later abandoned after the proprietor disappeared and was reported, unofficially, to have been killed in an accident.

Type of Premises or stall	Summary of Conditions	Results of Proceedings
Manufacturing Baker	Lack of cleanliness of equipment and sanitary accommodation. Failure to provide adequate facilities for maintenance of personal cleanliness. Failure to maintain premises in clean and satisfactory structural condition.	Fine of £90.
Baker/Retail Shop	Premises Insanitary Lack of cleanliness of premises and equipment. Failure to protect food from risk of contamination. Failure to provide adequate facilities for maintenance of personal cleanliness. Failure to provide first-aid equipment. Failure to maintain premises in clean and satisfactory structural condition.	Fine of £155. imposed plus £15.15.0d. costs.
Wet Fish Shop	Premises insanitary. Failure to protect food from risk of contamination. Lack of water supply. Failure to provide adequate facilities for maintenance of personal cleanliness.	Fine of £20 imposed - no costs awarded.
Mobile General Dealer and employee.	Failure to maintain interior of vehicle in satisfactory condition. Failure to provide adequate supply of hot water at a suitably controlled temperature. Failure to provide ancillaries for the maintenance of personal cleanliness. Lack of cleanliness of facilities for the maintenance of personal cleanliness.	Total fine £50) Employee £20)



## Classification of Premises.

Classification	Totals	Fitted to Comply Reg. 16	Reg. 19 Applicable	Fitted to Comply Reg. 19
Butchers.....	97	97	97	97
Bakers & Confectioners..	52	52	52	52
Fish Fryers.....	44	44	44	44
Fishmongers.....	14	14	14	14
Grocers/General Dealers.	272	272	265	265
Greengrocers.....	62	62	58	58
Bakehouse.....	25	25	25	25
Catering Est.....	101	101	101	101
Public Houses & clubs...	131	131	131	131
Food Stores/Warehouses..	15	15	13	13
Ice Cream Manufacturers.	7	7	7	7
Miscellaneous.....	173	172	136	136

## Premises Registered under Section 16, Food & Drugs Act, 1955.

- (a) For the manufacture, storage or sale of ice cream 350
- (b) For the manufacture, or preparation of sausages or pickles, potted or preserved foods. 158

## Bacteriological Investigation Ice Cream.

The following table shows the results for the total of 75 samples taken 8 of which were void.

Provisional Grade	No. of Samples	Percentage of Total	Remarks
1	30	45%	Good
2	13	19%	Satisfactory
3	5	8%	Unsatisfactory
4	19	28%	Very Unsatisfactory

## Milk Distribution.

Milk is sold from 297 premises in the town; licence



holders sell heat treated milk from 3 different sources and untreated from 10.

The following table shows the number of licences in force for the various special designations.

Type of Milk	No. of licences
Pasteurised.....	126
Sterilised.....	298
Ultra heat treated	21
Untreated.....	28

Samples of milk from each source are taken regularly for tests relating to keeping quality and adequacy of heat treatment when appropriate; 222 samples were taken this year with results as shown below.

Designation	No. of Samples taken	Results of test								
		Phosphatase		Methylene Blue			Turbidity		Colony Count	
		Passed	Failed	Passed	Failed	Void	Passed	Failed	Passed	Failed
Untreated Farm Bottled	79	-	-	65	7	7	-	-	-	-
Pasteurised	95	95	-	92	1	2	-	-	-	-
Sterilised	36	-	-	-	-	-	36	-	-	-
Ultra Heat Treated	12	-	-	-	-	-	-	-	12	-

### Antibiotics in Milk.

Seventy nine samples of untreated (raw) milk were tested for the presence of antibiotic residuals and one was reported unsatisfactory in this respect.

The circumstances were reported to the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food for investigation of conditions at the source and further supplies proved satisfactory.

### Brucella Abortus.

Seventy-nine samples of raw milk were tested and cultured for *Brucella abortus*. Nine gave positive

reactions to the screening test but only one of these proved to be positive on culture. This milk was produced on a farm in Northumberland and only a very small quantity of it was being sold in South Shields. The farmer and the authorities concerned were advised so that appropriate action could be taken at source and the distributing dairy agreed in the meantime not to distribute further supplies from the source in the raw state in South Shields.

Information was later received from the authority in whose area the farm was situated that all animals had been individually tested, four which had given positive results had been removed from the herd and that until the animals had been proven "clean" the milk from them had been pasteurised.

No further supplies from this source have since been sold in the town - at least in an untreated and identifiable state.

### **Meat Inspection.**

All slaughtering of animals for meat for human consumption is done at The Public Abattoir and all meat produced is inspected in accordance with the detailed provisions of the Meat Inspection Regulations 1963.

The total number of animals slaughtered and inspected during the year was 29,212. As a result of the major and extended outbreak of foot and mouth disease in the country the increase in throughput which had been hoped for did not materialize and there are no significant changes in the breakdown of the figures shown in the following table.



## Animals Slaughtered and Inspected.

	Cattle exclud- ing cows	Cows	Calves	Sheep	Pigs	Horses
Number Killed.....	3,006	504	6	21,168	4,528	-
Number Inspected.....	3,006	504	6	21,168	4,528	-
All diseases except T.B. and C. Bovis:						
Whole carcasses condemned.....	1	2	1	60	5	-
Carcasses of which some part or organ was condemned.....	1,777	432	-	3,966	1,256	-
Percentage of number inspected affected with disease other than T.B. or C. Bovis	59	86	16	19	27	-
<i>Tuberculosis Only:</i>						
Whole carcasses condemned.....	-	-	-	-	-	-
Carcasses of which some part or organ was condemned.....	-	-	-	-	-	-
Percentage of number inspected affected with T.B.....	-	-	-	-	-	-
<i>Cysticercosis:</i>						
Whole carcasses condemned.....	-	-	-	-	-	-
Carcasses of which some part or organ was condemned.....	2	-	-	-	-	-
Carcasses submitted to treatment by refrigeration.....	2	-	-	-	-	-
Percentage of number inspected affected with C. Bovis.....	0.07	-	-	-	-	-

## Poultry Processing.

There are no poultry processing premises within the district.

## Disposal of Unfit Food.

Condemned meat is collected under contract for processing by heat treatment but before leaving the abattoir it is thoroughly stained with a green dye. All other condemned food is destroyed by incineration under an arrangement with the Cleansing Superintendent.

The total weight of meat rejected at the abattoir was 15 tons 10 cwts. 51 lbs.

Other foods condemned amounted to 11 tons 2 cwts 75 lbs made up as follows:-



Cooked meat and meat products.....	142 lbs.
Canned meat.....	7278 lbs.
Fresh fish.....	210 lbs.
Canned fish.....	182 lbs.
Frozen foods.....	418 lbs.
Canned fruit and vegetables.....	9929 lbs.
Other foods.....	6790 lbs.

## Sale of Unfit Food.

Legal proceedings were taken against a shopkeeper found to be in possession of 750 lbs of canned meat which was unfit for human consumption but was being sold for the purpose. The person from whom he obtained it claimed that he had sold it only for pet food but this was denied by the shopkeeper. The vendor was also prosecuted but was found not guilty of selling the food for human consumption; the shopkeeper was fined £25.

The condition of the consignment can be illustrated by the fact that whilst the cans were being put very carefully into store after they had been taken from the shopkeeper, one of them burst, as a consequence of internal pressure and the contents, which should have been solid, discharged a fountain of foul smelling liquid over an inspector standing several feet away. More of the cans burst in similar fashion before the case could be heard and the consignment disposed of - in the subsequent instances however without the same unfortunate consequences.

## HOUSING

In the field of environmental work there can be few matters which have such an immediate and damaging effect on human happiness and well-being as that of a 'housing problem'. Whether the problem arises from the need for repairs or a notice to quit, from strained relationships between landlord and tenant, or between neighbours, or from the fact of having no home at all and no hope from other sources - sooner or later an appeal for help, often comes to the public health inspector.

In the older industrial towns with their legacy of poor houses and a demand exceeding supply it is not surprising therefore that much of a public health inspector's time is taken up with such matters.

In the past year 2,215 inspections and visits were made in respect of various housing matters.

### **Slum Clearance.**

The following area was represented for clearance and subsequently dealt with by compulsory purchase order.

Area	Represented	Dwellings	Families	Persons
Robertson Street	19.7.68	257	257	620
C.P.O. added dwellings	-	2	1	1

A public inquiry was held in June into the High Shields No. 8 C.P.O. following which the Minister of Housing and Local Government confirmed the Order in August.

### **Individual Unfit Houses.**

Six dwellings were represented individually as being unfit for habitation and suitable only for closure or demolition. Five families and four male lodgers were affected and the families were rehoused.

### **Overcrowding.**

In the Robertson Street clearance area which was represented this year, seven of the dwellings or 2.7% of the total were found to be overcrowded. Three other dwellings, out of 15 investigated, were also found to be overcrowded and the Housing Manager was asked to grant the appropriate number of points to the tenants under the Council's housing allocation scheme.

### **Rent Act 1957 - Provisions Relating to Disrepair.**

The following table shows the number of applications



dealt with since the Act came into operation.

	<u>1968</u>	<u>1957-68 incl.</u>
Applications for Certificates of Disrepair.....	10	646
Applications refused or withdrawn....	2	47
Notice given of intention to issue certificate.....	8	599
Undertakings accepted by Council.....	2	454
Certificate of Disrepair issued.....	6	130
Application for cancellation		
(a) Granted without objection by tenant.....	3	57
(b) Granted after objection by tenant.....	0	6
(c) Refused.....	2	7
Applications for Certificates confirming compliance or non-compliance with undertakings given:		
(a) from landlords.....	4	140
(b) from tenants.....	0	73

### Improvement Grants.

Details of the number of grant applications dealt with during the year are as follows:-

#### Discretionary Grants.

Number of applications received.....	59
Number approved in respect of owner occupied houses	22
Number approved in respect of tenanted houses.....	23
Number refused.....	7
Number withdrawn or not proceeded with.....	7
Average grant awarded per dwelling.....	£322.18.8d.

#### Standard Grants.

Number of applications received.....	73
Number approved in respect of owner occupied houses	25
Number approved in respect of tenanted houses.....	40
Number withdrawn or not proceeded with.....	8
Average grant awarded per dwelling.....	£138 18.9d.



## **Seamen's Lodging Houses.**

There are no Common Lodging Houses in the Borough but 10 premises are licensed as Seamen's Lodging Houses providing accommodation for a maximum of 111 seamen.

All the premises were visited at least once during the year 15 inspection being carried out in all. This is less than the desirable frequency but the demand for this type of accommodation has not been great in recent years and there were no contraventions of a serious nature.

## **ATMOSPHERIC POLLUTION**

### **Domestic Smoke Control.**

The second phase of the Borough's smoke control programme became operative during the year with the coming into effect of the No. 2 Smoke Control Order on 1st October. This was in respect of an area bounded on the north by Dean Road, on east by Sunderland Road and King George Road and on the west by Mortimer Road. The necessary adaptation works were completed before October but a number of claims for grant payment were still outstanding at the end of the year. To some extent this seems to be owing to the delay by some contractors in sending out their accounts for work done.

The No. 3 Smoke Control Order was made by the Council and confirmed by the Minister of Housing and Local Government and is due to come into operation on 1st October 1969. This covers an area bounded on the North by Wantage Street, Reading Road, Mortimer Road and King George Road, on the east by Sunderland Road, on the south by Prince Edward Road and on the west by Temple Park Road and Stanhope Road. It covers an area of 194.66 acres and includes 1487 premises of which 1414 are dwelling houses.

A number of householders in the area were evidently looking forward to the confirmation of the order because many of the necessary adaptations were completed and claims

for grant received before the end of the year. From other areas, too, not yet affected by smoke control corders, enquiries are frequently received from householders wishing to modernise or improve their heating arrangements as to when their houses will be affected and the time and circumstances in which they would be able to claim grant for the purpose.

### **Garden Fires.**

Complaints are frequently received during the summer and autumn months about nuisance from garden fires. The nuisance caused is seldom sufficiently frequent or continuous to justify formal proceedings for its abatement and the most that can be done is to offer a tactful word of advice to the offender. This usually produces the desired result at the time but, it seems, has often been forgotten by the following year.

With the relatively small gardens most common in the Borough it is seldom possible to be able to light a fire of this kind without causing some inconvenience to neighbours and if it is to be avoided great care is needed in choosing the most suitable time and weather conditions.

It is really just a question of being a good neighbour and it is generally better to avoid a fire and to compost or ask the Cleansing Department to take away the coarser refuse.

### **Industrial.**

There have been no serious industrial emissions of pollutants which have necessitated formal action. Much is achieved by informal action however following observation of emissions and inspection of plant. As a result of this sort of action for example one of the few remaining large hand fired boilers was converted to mechanical stoking and two steam-powered shipyard cranes were replaced by one mobile diesel powered crane.

Considerable nuisance has been created on isolated



occasions by the burning of old cars, quantities of scrap cable and grass in the open. In each case an informal warning has been sufficient to bring about a cessation.

The heights of five proposed new chimneys were approved but in three cases only after discussion and amendment to the original proposals. In consequence of the passing of the Clean Air Act of 1968 the height of a furnace chimney will be subject to approval of the Council not only when newly constructed but also when the combustion space of an existing furnace is increased and when an existing furnace is replaced by a larger one.

## CONTROL OF RODENTS AND OTHER PESTS

Notifications of rodent infestation were received in respect of 509 premises and a further 16 were found as a result of surveys under the provisions of the Prevention of Damage by Pests Act 1949. There were 146 infestations by rats and 379 by mice; 348 of the infested premises were dwelling houses.

All the infestations were dealt with by the Councils pest control staff in a total of 3130 visits.

The Borough's sewerage systems were treated twice during year, 576 manholes were baited and 173 "takes" recorded.

Infestations of insects and other pests dealt with numbered 202. Complaints received cover a wide variety of pests but an unusual feature this year was the report of foxes having been seen in Grosvenor Road, Sunderland Road and on St. Hilda Colliery land. They had taken a number of rabbits and caused some damage in the first two areas and were causing some alarm to people working in the latter area where their earth was eventually found. Other earths not currently occupied were found in Cleadon Dell and Marsden Quarry.



# SUMMARY OF PUBLIC HEALTH INSPECTORS' WORK, 1968

Complaints received.....	1,268
(a) Inspections and Investigations:	
Houses; Inspected	
Under Public Health Acts.....	625
Under Housing Acts.....	297
Improvement grants.....	132
Certificates of disrepair.....	12
Houses Re-inspected:	
Under Public Health or Housing Acts.....	997
Improvement Grants.....	113
Certificates of disrepair.....	8
Houses in multiple occupation.....	33
Seamen's lodging Houses.....	15
Verminous or dirty premises.....	32
Other nuisances.....	85
Drainage:-	
Visits.....	103
Works supervised.....	30
Tests applied.....	386
Infectious Diseases:-	
Cases investigated.....	92
Visits of surveillance.....	18
Visits re pathological specimens etc.....	148
Overcrowding:-	
Houses inspected for this purpose.....	15
No. of above found to be overcrowded .....	3
No. of overcrowded houses in clearance areas represented.....	7
Factories:-	
Power.....	44
Non-Power.....	3
Building and engineering works.....	2
Outworkers premises.....	4
Offices, Shops, workplaces.....	695
Offensive trades.....	10
Places of public entertainment.....	4
Pet shops.....	11
Rag flock and other filling materials premises...	2
Samples taken.....	2
Barbers and hairdressers.....	10
Fertilisers and Feeding Stuffs.....	6
Samples taken.....	7
Swimming baths.....	91
Samples taken - bacteriological.....	180
Pharmacy & poisons.....	27
Food Premises and stalls and vehicles.....	471
Inspection of unsound food.....	178
Condemnation certificates issued.....	1,550

## Food and Drugs Samples Taken:

Milk	
Chemical.....	16
Bacteriological.....	222
Antibiotics.....	79
Ice Cream	
Chemical.....	6
Bacteriological.....	75
Water supply	
Chemical.....	6
Bacteriological.....	109
Other Food & Drugs	
Chemical.....	165
Bacteriological.....	25
For presence of residual pesticides.....	24
Atmospheric Pollution:-	
Inspections of industrial fuel burning appliances	12
Smoke observations - half hour.....	4
Smoke observations - casual.....	16
Smoke obntrol area inspections.....	4,053

## Pest Control:-

Rodent infestations cleared.....	525
Other pests infestations cleared.....	202
Visits+ inspections.....	3,130

## (b) Notices Served:

## Public Health and Housing Act:-

Intimation notices.....	366
Statutory notices.....	125
South Shields Corporation Acts.....	65
Factories Acts.....	17
Food and Drugs Act.....	42
Prevention of Damage by Pests Act.....	12
Clean Air Act.....	2
Offices, Shops and Railway Premises Act.....	186

## (c) Repair and improvements to houses:

Floors relaid or repaired.....	23
Walls or ceiling repaired.....	66
Dampness of walls remedied.....	66
Roofs repaired.....	124
Spouts repaired or renewed.....	23
Windows repaired or made to open.....	26
Yards drained, relaid or repaired.....	7
Waterclosets repaired or renewed.....	51
Drains cleared of obstruction, relaid or repaired	197
Waterpipess repaired or renewed.....	27
Miscellaneous improvements effected or nuisance abated.....	140

## (d) Offices, Shopes and Railway Premises Act, 1963

Contraventions found and remedied



Contraventions	Found	Remedied
Cleanliness.....	129	126
Overcrowding.....	3	6
Temperature:		
(a) Means of heating.....	2	9
(b) Provision of thermometer.....	55	64
(c) Maintenance of temperature.....	6	12
Ventilation.....	87	94
Lighting:		
(a) Adequacy .....	56	50
(b) Maintenance.....	18	49
Sanitary Conveniences:.....		
(a) Cleanliness.....	33	39
(b) Ventilation.....	73	59
(c) Lighting (Adequacy).....	18	23
(Maintenance).....	9	13
(d) Adequacy.....	4	5
(e) Indication.....	20	16
(f) Repair.....	19	29
(g) Disposal of sanitary dressings.....	6	7
Washing Facilities:		
(a) Ventilation....	17	9
(b) Lighting (Adequacy).....	4	2
(Maintenance).....	1	2
(c) Provision of wash hand basin.....	34	30
(d) Provision of water supply.....	24	19
(e) Provision of ancillaries.....	3	8
(f) Suitability of washhand basin.....	9	9
(g) Indication.....	3	7
Supply of Drinking Water.....	4	11
Accommodation for Clothing		
hanging.....	15	35
Sitting facilities.....	6	13
Suitable Seats for Sedentary Workers.....	6	6
Floors, Passages and Stairs:		
(a) Unfenced openings....	38	15
(b) Provision of handrails.....	67	39
(c) Repair and construction.....	113	91
(d) Obstruction.....	10	23
Fencing of exposed parts of machinery		
Prescribed Dangerous Machinery		
(a) Food Equipment.....	14	26
(b) Office Equipment.....	3	2
(c) Others.....	8	
Non prescribed dangerous machinery		
(a) Food Equipment.....	23	19
(b) Office equipment.....	1	
(c) Others.....	33	7
Cleaning of Machinery.....	2	2
Dangerous Practices.....	56	17
First Aid Provisions.....	57	54
Failure to Register.....	12	9
Information for Employees.....	80	74
Total.....	1,181	1,130





